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CONTENTS

ORIGINAL ARTICLES

EDITORIAL

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CONTENTS—Continued

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Original Articles

DERMATOLOGICAL MALINGERING.*

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DETROIT, MICH.

Of the many types of malingering, intentional and unintentional, which enter all phases of human life in varying degrees, probably there is none more fascinating from the standpoint of psychology and medicine than that known as Dermatological Malingering; Fictitious Dermatitis, Cutaneous Malingering, and Dermatitis Artifacta being other names for this disease. It is fascinating first of all because of the difficulty in establishing beyond all question that the condition is self-induced. This often entails a prolonged, yet interesting, bit of detective work. Because the work of the patient has been so carefully, secretly, and successfully carried out, much of the physician's time is consumed in excluding all dermatological conditions, which the lesions often resemble, in order that he may be positive of his opinion when all the evidence is in; and he must present his case clearly or he is sure to stir up real trouble with both patient and relatives.

The dermatologist, in view of the fact that the skin, because of its accessibility and the unlikelihood of a fatal outcome, is chosen most often by the malinger to demonstrate his mental state upon, comes in contact with this class almost daily. In spite of this, self-inflicted skin conditions are not always easily recognized by the trained dermatologist. The lesions may or may not resemble other dermatological conditions, and they are usually developed to a certain stage before the physician observes them. There is no preliminary stage in the development of the individual lesion, as is often noted in most of the well recognized dermatoses. There is not the macula that develops to a vesical, papuli, pustule, or a bleb. The lesions usually develop at night upon areas that are less sensitive and most conveniently reached by the patient. If the patient be right-handed, the lesions are likely to be produced upon the left side of the body, especially upon the left arm; the opposite is true if the patient be left-handed. The lesions are most often irregular in outline, though this depends upon the agents used, and they often present a mechanical appearance. Excoriation by friction with an instrument or other agent is the most common lesion produced. The dermatological condition presents periodical occurrences, and always upon new areas of skin. The lesions made so closely resemble some of the common dermatoses, as will be shown by two of the cases reported, that more than sixty physicians who observed these cases once or oftener failed to make a correct diagnosis. While the patient will submit to any and all forms of treatment and method of diagnosis, he never assists the physician in seeing the development of the lesion. Patients, though requested to report developing lesions to the nurse in order that she may notify the interne and the interne the physician in charge, never report. The removal of tissue and even the amputation of finger or arm have been consented to by the patient before he will admit to the physician that the condition is self-induced. In some instances it is quite impossible to make a diagnosis without obtaining from the patient the admission of self-infliction. This can sometimes be elicited if the patient is confronted with strong evidence that such is the case. If one can determine the motive of this act and confront the patient with the fact that one is obliged to expose him publicly, a confession is usually forthcoming. The exposure of the patient, either secretly or publicly, is always

*Read before the Detroit Academy of Medicine, Feb. 12, 1918

followed by a cessation of new lesions. The private exposure of the patient excluding all relatives or interested friends, prevents as much as possible the severe shock of the exposure upon this neurotic, hysterical class of persons. If you acquaint the mother or other members of the family of the true nature of the dermatosis at the same time you accuse the patient, troubles are multiplied and you lose the patient at once, and are considered an enemy of the family; if you are wrong in your diagnosis, you will suffer trouble and embarrassment.

The detective methods used to trap these patients must be ingenious to meet their own ingenious methods in producing the condition. My method of confirming my suspicions of, beyond a doubt, two of the most clever, skillful malingerers was by first taking sections of skin from certain areas of the body for instance the forearm, by deluding the patient with the idea that this was removed for microscopic study, dressing the area where the tissue was removed, covering the whole forearm, and then sealing this dressing with plaster paris bandage. A recurrence of skin conditions appeared on the selected areas of the body, but upon removal of my sealed dressings no lesions were found under it, and when I confronted the patients with my evidence and requested the instrument by which they were producing these interesting lesions, they presented a pair of curved manicure scissors, and escaping from the hospital that night, fled to Canada.

If chemicals are used, acid is the most common. Litmus paper applied to the serum of the lesion will often convey acid coloring when it is impossible to detect the odor of the acid used. Often these patients make use of more than one agent in producing lesions and often of a great variety, depending upon the mental state of the patient. A bleb, for instance, is often produced by heat from the ordinary radiator. Various drugs, in addition to the acids, dyes, sand paper, and all sorts of instruments by which an excoriation can be made, are used.

The true cause of the unusual dermatoses being Sherlocked, another interesting phase of the study of these cases presents itself, namely, the motive of the patient in producing such a condition.

The most common motive which actuates the patient is that of escaping work or distasteful duties, or exciting sympathetic interest for the purpose of receiving charity. These conditions occur most commonly in the weaker mentalities of young hysterical females. They are also frequently noted in the criminal class and in military service, especially among those of the latter class who are periodically under fire. A certain percentage of the men who know that they are to go to the front or over the top in twenty-four hours present to the medical service a most interesting and varied group of malingerer conditions. Even actual disease of venereal nature is intentionally transferred to the healthy for the sole purpose of obtaining relief from actual service. It is difficult for a soldier to produce artificial temperature, but it is not difficult to produce upon his skin many varied types of eruptions which are self-inflicted. The malingering usually originates in a most trifling way by some act for the sole object of eliciting sympathy from one or more members of the immediate family. If sympathy is not extended, the malingering grows upon the patient until there is produced, in the eyes of the relatives, alarming symptoms.

No treatment, no matter what the indications are, shows any effect upon the recurrent attacks. Treatment to the existing lesions, however, shows benefit, as in any or all dermatological conditions. The following cases are selected from the author's record and are illustrative of various forms of Dermatological Malingering:

CASE I. Mrs. M., age 41, the wife of an attorney and childless, was extremely neurotic, with a jealous disposition and very peppery temper coupled with a great horror of losing her beauty and growing old. Consequently she spent much time on her personal appearance and extravagant dress, was selfish, and had few friends.

Mrs. M. had a most unusual dermatitis of the lower lip and chin which had persisted for several months when she came under my observation. There was complete excoriation of the lower lip extending upon the skin of the chin with marked swelling and weeping a bloody serum.

The patient's story, which the husband, interested relatives, and medical advisors thus far accepted, was as follows: While in the country a few months previous upon a visit to some relatives who lived on a farm, she had kissed a sheep and from that time had been infected with sheep ticks. The presence of these ticks caused the unusual and painful condi-

tion. This story, coupled with the most extraordinary localized dermatitis conveyed suspicion at once that the lesion was self-inflicted.

Hospital treatment and further study of this case revealed the following interesting facts: she was addicted to the use of both morphine and cocaine and in order to obtain these drugs she would burn the skin and mucous membrane from the lip with a curling iron. She applied the cocaine to the lip locally and administered the morphine hyperdermically.

In trapping this patient it was extremely difficult to obtain all her drugs. I prescribed medicated baths for the destruction of the ticks, and while in the bath all clothing and bedding was searched for drugs and for several baths she completely concealed her hyperdermic needle in her left arm pit. The skin condition cleared up promptly and institutional treatment cured the drug habit.

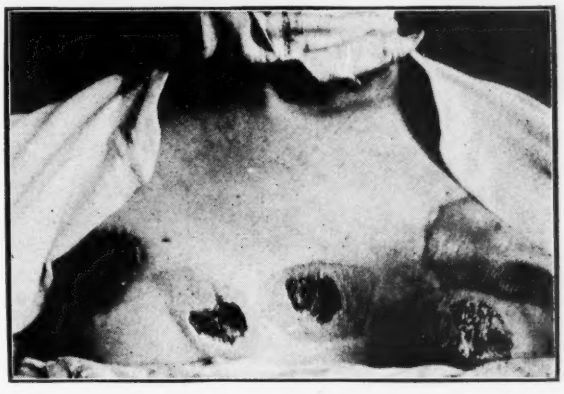
CASE II. Mrs. P., age 56, wife of a druggist, had one child. Her general health was very poor for years. She was anemic and neurotic and suffered from insomnia. Much of her married life was spent alone at home with no change of scene or diversion through holiday trips. Many drugs were brought home by the husband for the relief of her many physical discomforts.

Patient's story. She had suffered with severe pain in the skin of one or both sides of the face for three months. The skin developed large open sores over these areas and the pain, paroxysmal and excruciating, came at any and all times of the day and night. She described the pain as in the skin, never as in the jaw and her teeth were non-sensitive. Only temporary relief was obtained from codein.

The patient came in with several dressings over the head and cheeks and upon their removal presented severe superficial clean-out ulcers on both cheeks, some broken, others with dark, firm crusts. There were no other lesions on the body. The confidence of the patient was elicited through the conveyance of extreme interest in her unusual skin disease and especially in the liquid medicine that had given her relief from this pain, and she was frank to tell me that local applications would not relieve her without the assistance of several codein tablets. Upon request she gave me the liquid, which was a form of liniment, with which she was producing the ulcers, and I succeeded in cutting off her supply of codein. I selected as my assistant the only daughter, a college graduate, and upon laying my views before her and entreating her assistance, I was met with decided distrust and she left my office decidedly ruffled mentally. I requested the husband and daughter to go home and leave the patient with a friend and through her assistance I was able not only to heal the ulcers, but to prevent new ones. She remains well.

Cases III and IV are illustrative of the common type who malinge to elicit sympathy from anyone who will extend it.

CASE III. Miss L., nurse, age 32, in general good health, was attendant in a nursing capacity in a sanitarium for nervous and mental diseases. She was not addicted to drugs so far as could be determined. She had suffered with recurrent ulcerative lesions of the left arm, chest, and both legs for one year. Although she had visited many hospital clinics and private physicians in Canada and the United States, she had not thus far received any treatment that had prevented the recurrence of the most unusual lesions. It seemed to give her particular pleasure when one or more physicians would examine the lesions and discuss them. As she was right-handed the drug was applied to the left arm, chest, and legs,



Case III. Old and new lesions produced by acid.

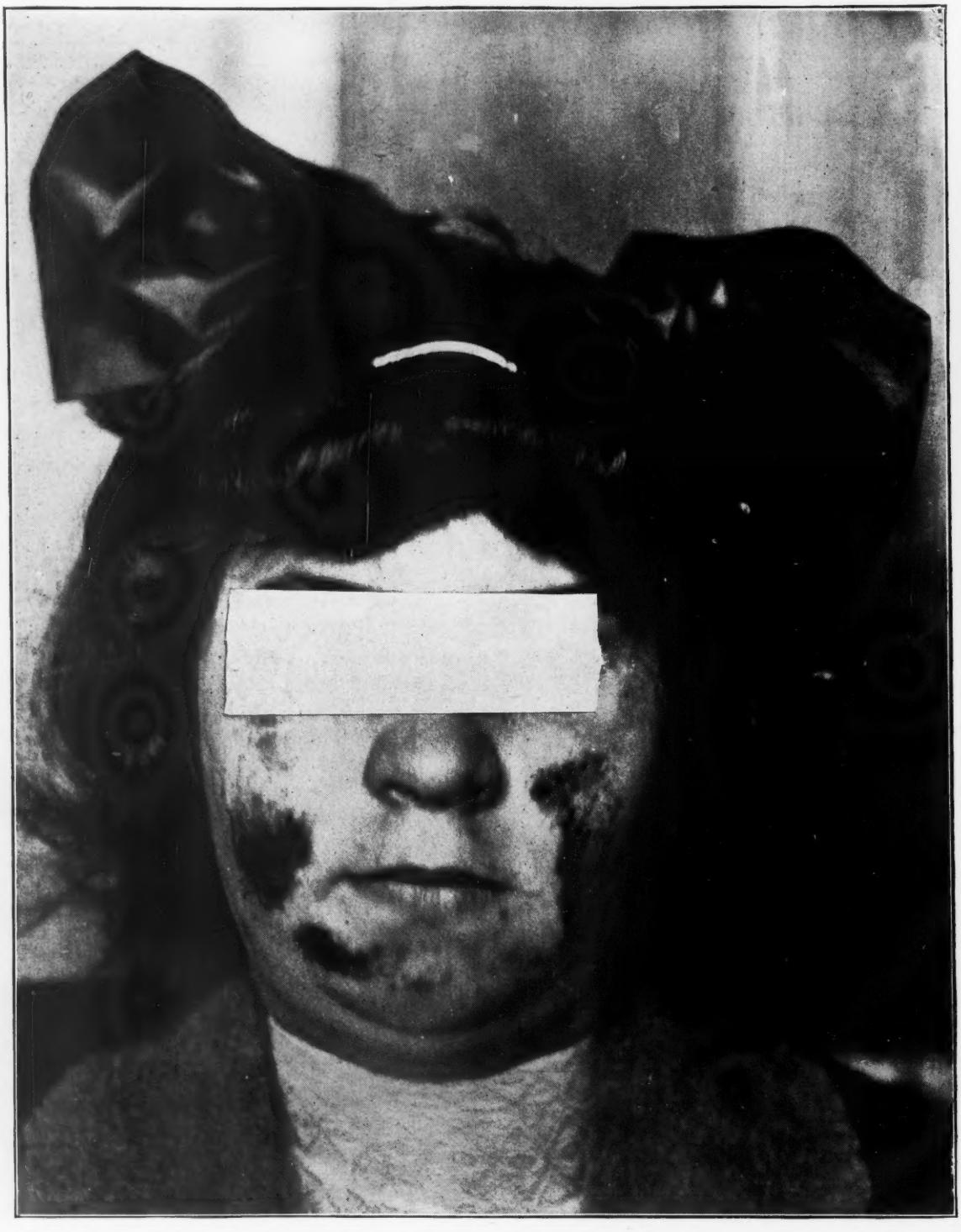
thus leaving the right arm unaffected. The new lesions were always fully developed when examined and were of a superficial burn of the escrotic, destructive type. The lesion was always deeper in the center, hard at the periphery and healed with the formation of a firm dark crust. The lesion conveyed at once a self-inflicted character and upon being confronted by this fact she was insulted and we could obtain no confession, nor would she tell the chemical she was using. Litmus paper applied to the newer lesion conveyed a weak acid reaction. She never returned to the hospital clinic after she was confronted by the evidence that she was producing the condition.

CASE IV. Miss B., age 16, whose mother had died when the patient was very young and who lived alone with her father, came under observation in hospital service. She complained of an itching, burning skin eruption of the face of several months duration. She also complained of mistreatment from her father and a male boarder. These complaints were gathered by officers of the law and criminal charges and warrants were issued. The court sentenced the male boarder to prison for a period of years and the father was acquitted.

The skin condition resembled most closely a dermatitis due to external irritation. Occupational causes were excluded without apparent effect, also the varied treatment given by different physicians.

I was unable to conclude from the character of the lesions that they were not self-inflicted. I, therefor, confronted her with the third degree examination. She denied the accusations, yet in a short time the condition completely disappeared with no recurrence.

Confronting this patient with her deceptive acts which were done primarily to elicit sympathy, not only cleared up the unusual skin condition, but, no doubt, assisted in righting a great wrong she had done others.

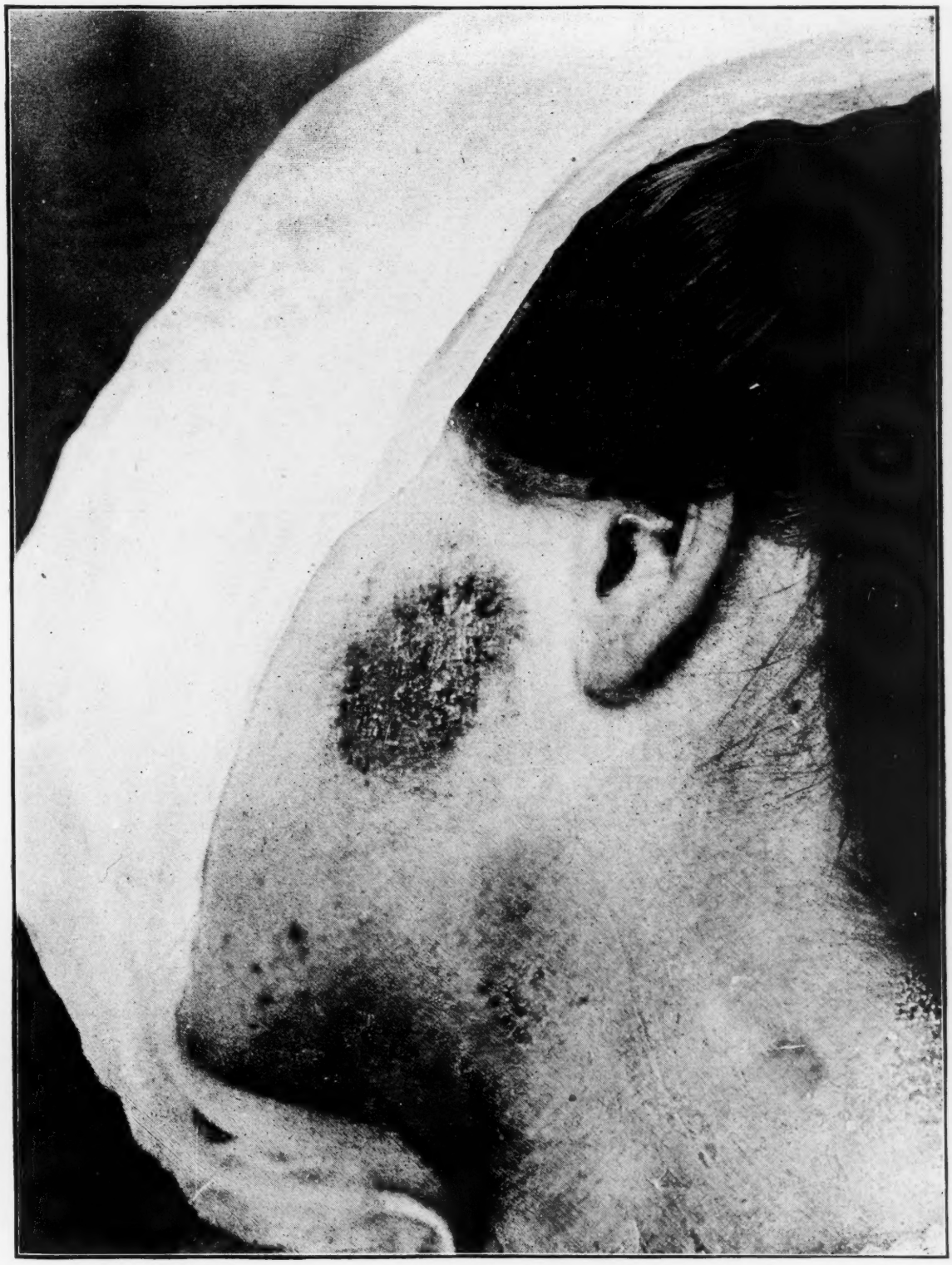


Case IV. Excoriations produced by friction. Confined to the face.

In a few months I learned that she had manifested a further change of heart and had gone to the judge who sentenced the male roomer to prison and told him that she had testified falsely, whereupon the judge released the man from prison. The age of the patient and her irresponsible mental state prevented the court from instigating criminal perjury charges against her.

CASE V. Miss C. T., age 18, in general good health with her mother and one sister one and one-

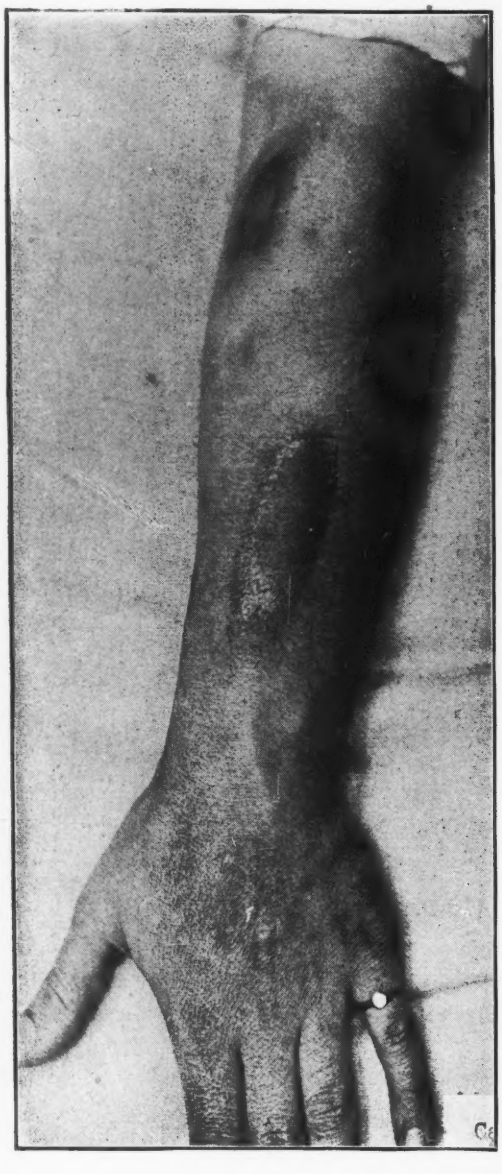
half years younger living. The patient was brought in for consultation and diagnosis by the family physician. She presented several open clean-cut, weeping, crusting lesions on the left arm and both sides of the face. (The patient was right-handed.) The lesions varied in size and age. There was no inflammatory zone at the border of the lesion nor constitutional symptoms present. Patient stated that the lesion developed quickly at night with a burning sensation and that it had been recurring for six months. Upon examination the lesions presented no resemblance to any recognized dermatitis, but conveyed an artificial character at once. I asked the physician to step into another room whereupon I told him that the patient was producing the lesions. He was, to say the least, greatly startled and had some



Case V. Lesions on face and left arm, excoriatious in character.

difficulty in arriving at my conclusion. Upon asking him if the lesions were not plainly excoriations, he was convinced. I allowed him to expose this patient, although I predicted that he would not only raise a storm from the patient and mother, but perhaps lose the family as patients.

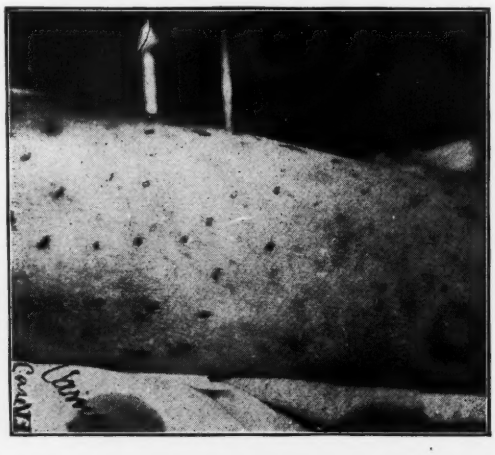
The motive in her malingering was to escape school and the embarrassment that had broken her spirit and made her lose interest in school. It had come about that the younger sister had not only



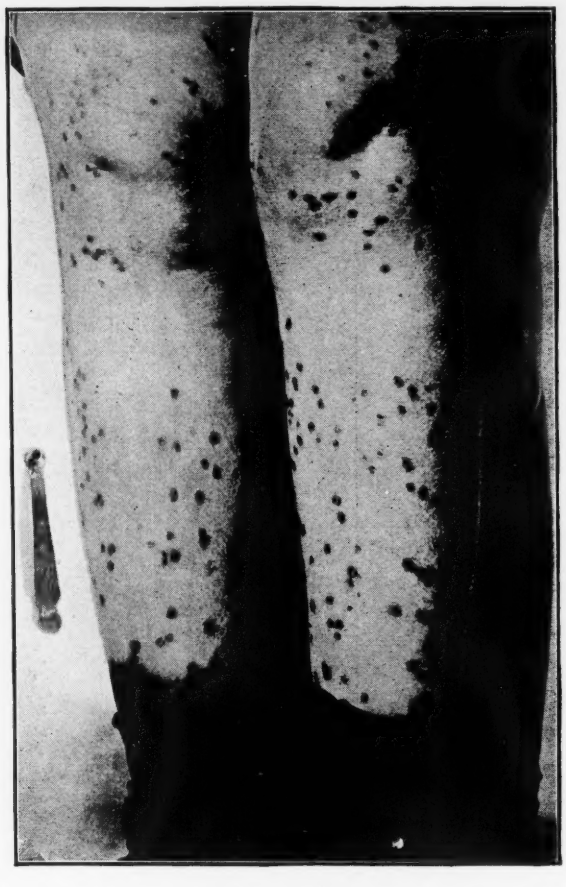
Case V.

overtaken her in her studies but was to go in advance of her at the beginning of the February semester. She set about to produce the lesions to elicit sympathy as soon as school was to open in the fall. At the Christmas vacation the lesions all healed and no new ones appeared. Then it was suggested that she return to school, whereupon she had this outbreak, that brought her to the city for consultation. A photograph and exposure effected the cure in her case and she had no more outbreaks.

CASE VI and VII. Miss P. A. and Miss D. C., age 16, were inmates of the reform school. Shortly after their entrance to the school they were reported to the school physician as having a skin disease. They were thought to have a contagious disease and were isolated in a hospital ward. Treatment



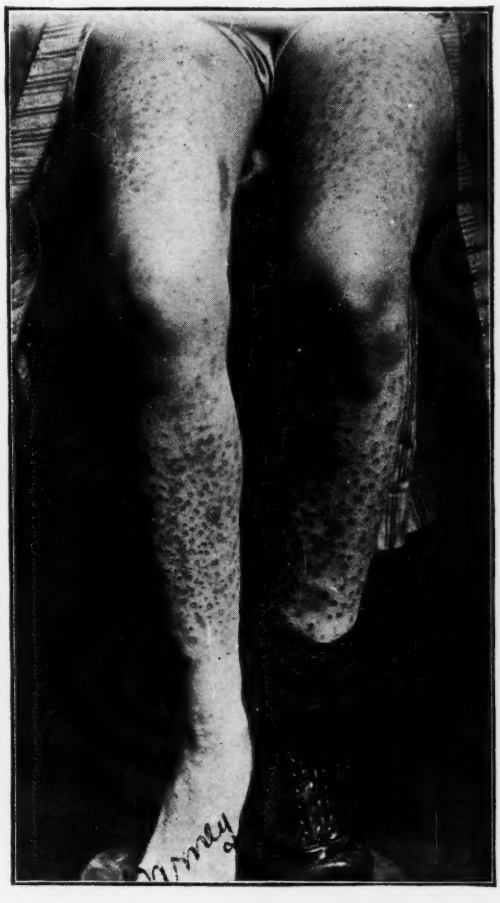
Case VI. Feigned eruption showing pear-shaped lesions produced by curved scissors.



Case VI. Extensive symmetrical condition produced by the comedo extractor shown in plate.

of different character was administered for scabies with no apparent improvement. After several weeks of observation by the physician, she decided to seek counsel and accordingly one of the girls was brought to Harper Hospital, where I asked that she might

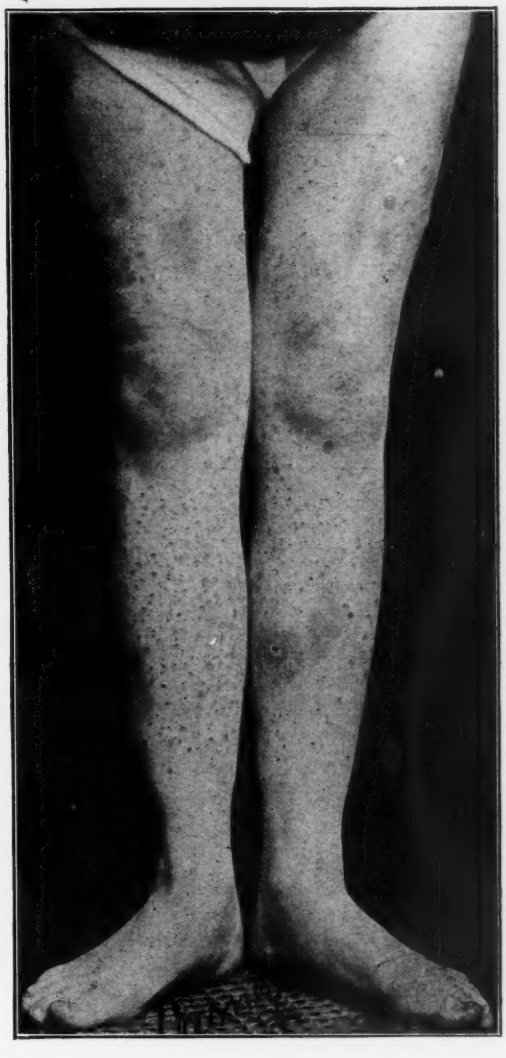
remain. After some study and numerous diagnoses by other members of the staff, I sent for the other patient who had what the school physicians and myself thought was a like condition. The patients turned out to be the cleverest of malingerers I have thus far observed. Except for the fact that they presented this unusual skin disease, they were perfectly well. The clinical picture was always a well developed lesion of the same size and in the same areas and always developing at night. The lesions were clean-cut pear shaped, going well into the true skin and covered with a bloody crust. The eruption was symmetrical and located upon exterior surfaces. Recurrent attacks appeared once in from seven to ten days. The lesions did not itch and gradually healed without pus formation leaving a distinct variola form scar. No developing primary lesions were ever seen nor did section from around lesions afford anything except negative knowledge. No assistance could be elicited from the patient in helping to see a fresh outbreak. Orders to notify the nurse and she in turn the interne that he might notify me were never complied with. Yet all forms of treatment were most willingly accepted.



Cases VI and VII. Feigned eruption. Conditions produced by manicure scissors.

Being quite convinced that the condition was self-inflicted, I decided to apply one more test, this being to take out a good section of skin, dress the area, and seal it in such a manner that I could detect any meddling. This seal was worn until a new outbreak occurred. I then removed the seal and dressing and to my satisfaction there were no lesions under my dressing, although there were numerous ones on the opposite arm. I then confronted them and asked them for the instrument with which they were producing the lesions. They refused and denied any such act.

In the school they were taught to do Mexican drawn work which they were doing while in the hospital. One of the girls had a pair of curved manicure scissors through which she produced this unusual skin condition periodically. The exposure and the thought of returning to school on the following day alarmed them whereupon they threw their clothes and their belongings out of the window and escaped from the hospital that night.



Cases VI and VII. Feigned eruption showing excoriations from friction.

I completed my history through the mother of one of the girls. She told me that they had no more outbreaks of the skin trouble after they left the hospital and that they were cured by Cuticura remedies. This information I obtained from her only after promising that the Board of Directors

Cases VI and VII. Feigned eruption showing method of trapping the patient by bandaging.

of the school would release the girls if they would return to their homes.

CASE VIII. Mrs. S. R., age 50, widow, divorced, husband living. General health good, neurotic. Her husband supports her through order of the court.

She presented a symmetrical eruption of the chest, arm and legs, none on the back. The lesions were clean-cut, variola form with blood crusts leaving scars. There were no scratch marks or accompanying inflammation. This patient was presented to the diagnostic clinic at Harper Hospital and much interesting discussion followed, whereupon I presented the instrument with which she was producing the lesions.

Her motive was to arouse some sympathetic interest and break the lonely mental torture she was living in.

She recovered promptly after exposure of her deception.

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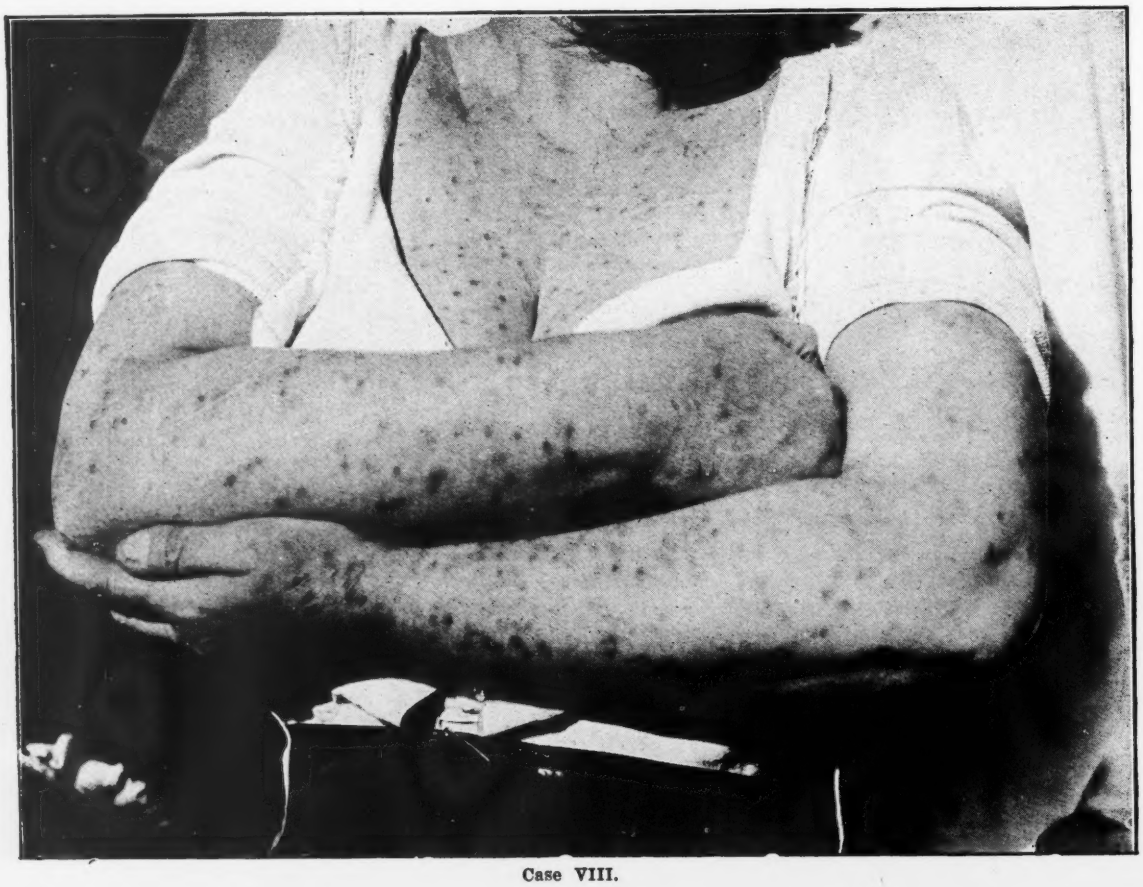

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INTESTINAL OBSTRUCTION.*

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"When called upon to deal with a case of acute intestinal obstruction the surgeon is confronted with one of the gravest and most dangerous emergencies. The patient may be, and often is, a man or woman in the prime of life, in full enjoyment of vigorous health, who, without warning is suddenly seized with the most intolerable pain in the abdomen, followed by collapse and vomiting, at first slight, but later unremitting. The abdomen distends, intestinal action ceases, and the bowel above the block, loaded with retained and septic contents, becomes a vehicle for the absorption of products whose intensely poisonous action hastens the patient to his end."

From this theorem, so well stated by Moynihan, it is easy to draw this corrollary: Every case of ileus, known or suspected, should be hurried to a surgeon without delay.

But let us particularize first in our consideration of this subject, and generalize afterward.

The most frequent form of ileus is intussusception—a condition in which one portion of gut slips into another, telescope fashion. The ileum may telescope into the ileum, or the ileum may telescope into the cecum, or the cecum into the colon, or the colon into the colon or sigmoid; but the most frequent variety is the ileo-cecal.

This form of obstruction is most frequent in children under five years of age, and half of them are less than one year old. This is because of the relatively longer mesentery in children, permitting greater mobility of the gut.

When invagination takes place there will always be three tubes in the mass, and there may be five or even seven. Mucous membrane will be opposed to mucous membrane, and serous membrane to serous membrane. The serous membranes will speedily grow together if they be not kept apart by serum, and are not soon choked to death. The invaginating is usually downward, though it may be upward. The entering part is called the intussusceptum, and the receiving part is called the intussuscipiens.

More or less complete obstruction, usually complete, soon follows. The bowel will empty itself below the obstruction, and will collapse; while that portion above the obstruction will be distended. The passages will consist mostly of bloody mucus after the first. The lower down the obstruction is, the greater is the tenesmus. The higher up it is, the greater is the nausea and vomiting. A tumor is palpable, usually in the right groin. Not always so. The pulse and temperature may be normal, or the temperature may be subnormal. Pain is always present, and is usually remitting. Surgery is the only treatment that can relieve. But the mortality is high—probably 75 per cent. It need not be over 10 per cent. if we could get the cases early. According to Sargent's table the mortality following operation the first day is 37 per cent. The second day, 39 per cent. The third day, 61 per cent. The fourth day,

*Read at the Dec. 20th meeting of the G. I. C. County in Alma by I. N. Brainerd, M.D.

67 per cent. The fifth day, 73 per cent. The sixth day, 75 per cent.

Meckel's diverticulum, which is an unobliterated portion of the vitelline duct, and enters the ileum at one to three feet from the ileo-cecal valve, may invert itself and pull the gut in after it. A polyp in the gut may be urged onward with so much force by peristaltic action as to invaginate a portion of the gut as it did in one of my cases, which I now relate.

The patient, Case No. 874, was 13 years old. Two and one-half months before the operation she swallowed a large button. No harm followed at the time, and the button had not been recovered, though they had searched for it. The day she came into my care she was seized with a violent pain in the right side, a little below the liver. It was believed that this pain and the other symptoms were caused by that button. Physic came up. The vomitus became feculant. Injections were returned without feces after the first. Obstruction was diagnosed due to the button. Operation at midnight showed a mass under the liver. When it was turned out of the belly it was found to be an ileo-ileum intussusception. With much difficulty I succeeded in disingaging the intussusception, and then found a tumor in the gut. This was three-fourths of an inch in diameter, and pedunculated. Eighteen inches of gut was invaginated, and half of this was dead. It was all removed and an end-to-end anastomosis made with a Murphy button. We put her to bed and gave an unfavorable prognosis. She died in twenty-four hours.

Other patients that I have operated follow:

Case No. 777 was a baby seven months old. Eight inches of ileum was telescoped into the ileum. The baby had been sick three days, and had passed a teacupful of blood. He was tympanitic, and looked bad. He died a few hours later.

No. 926 was a girl eight years old. She climbed upon a sleigh which was passing the schoolhouse, sat down near the rear end and fell off backward She went into the school-house crying. Later in the day, at her home. she played hard. The next day she made no complaint, and played. The next day she complained some, and did not, I think, go to school. That night, the second night after the fall, Dr. Gardner was called and diagnosed the case, and ordered her into the Hospital. Early the next morning the operation was made. The patient had taken physic and enemas without result except vomiting. An ileo-ileac intussusception was found. Twenty inches of gut was telescoped, and was released with difficulty. The gut was black, but recovered color when hot water was poured over it. The patient died in ten hours.

No. 1029 was a boy three years old. His was an intussusception through the ileo-cecal valve. He had been sick but a short time and lived but a few hours after the operation.

No. 1138 was a baby boy less than three years old. His was an intussusception through the ileo-cecal valve. Thirteen inches of gut was resected. He died in a few hours.

A volvulus is a twist in a loop of gut, shutting off the blood-supply and obstructing the lumen of the gut. The twist must make more than two-fifths of a revolution to obstruct. One in forty of all cases of obstruction is of this variety. These cases are more frequent in men than in women, and in adults than in children. They result usually from muscular efforts. A mesentery too long allows too much mobility, and one too short is too soon effectively blocked. Volvulus occurs most frequently in the sigmoid and colon. If the twist be in the sigmoid the colon may be so distended as to fill the belly. If in the colon the cecum will be distended. It may be impossible to untwist the twist without opening the gut in many places and drawing off the gas and fluid. The loop soon becomes gangrenous. The symptoms are the same as in the former variety.

My first case of volvulus I am obliged to give from memory, as I can not find it among my records.

The patient was a man aged about 50. He was a dealer in agricultural instruments, and had been unloading some heavy goods. While at this work he was seized with severe pain which led him to call his doctor. The next morning I was called and did a section upon him. A loop of ileum was twisted enough to occlude it. Of course the gut was collapsed below and distended above the block. This loop was temporarily paralyzed, thus causing some tendency to continued block in fecal movement. He had been vomiting feces, and continued to do so after the operation for a short time. He made a good recovery.

No. 544. A man of 28 years. The volvulus was in the ascending and transverse colon. Peritonitis of all surfaces of the mesocolon that was involved. and a fearful congestion of the colon were present. The colon was black and ecchymotic. The patient was down town in the evening, and went in to see a doctor. At two o'clock the next morning he sent for the doctor. At eleven I operated upon him and found the conditions as described. He died the next day.

Sometimes we get an ileus by an adhesion band biting down upon a loop of gut. This condition is not very frequent, and it is claimed that one end of the band will always be attached to the omentum. I have often seen the omentum adherent, but only once have I seen strangulation of the gut from it. This was my No. 492.

The patient was a woman 25 years old. She had had an cöphorectomy three years before this event. The gut had been strangulated. She had stercora-

ceous vomiting. She was in a fearful condition. I released the gut and predicted death which came in seven hours.

My No. 1172 goes in this class of cases. Eleven months before she had her appendix removed. On this occasion a mass developed rapidly in the right groin. I believed it to be an abscess, but found a strangulated gut under a band in the right iliac region. I released the gut when it rapidly filled and the color soon came right. She promptly recovered.

Stricture and gangrene may also be met with in herniæ through the inguinal and femoral rings, and through the navel, and diaphragm, and obturator membrane, and through tears in the mesentery, and through rents in the belly fascia. I have seen many cases of incarcerated and strangulated herniæ, one case being an incarcerated and strangulated ventral hernia. This was in an old man.

No. 966. There was a history of an injury at this point eight years before, followed by a large hernia. He said that it filled half of his lap. Since that time the hernia has been in and out, but growing smaller. This time he could not get it back. At the operation the gut was found in a bad condition, but it cleared up upon the application of hot towels. He lived.

Stricture of the gut may cause ileus. Dynamic strictures are reflex contractions of the gut, and may be due to the pain of renal or hepatic colic, strangulation of the omentum, injury of the testicle or ovary, and it may follow a severe spinal injury. A dynamic, or organic, stricture may follow diphtheritic ulceration, ileo-colitis, typhoid fever and syphilitic ulcers, as well as traumatisms.

No. 470 was of this class. This man was 32 years old. A year previously to his calling upon me he had been hurt by a piece of board thrown endways from a saw, hitting him in the left groin. He was senseless for three hours, and had peritonitis for thirty days. He had had signs of intestinal obstruction ever since the accident. He had had vomiting spells about every ten days. At the operation I found eight inches of the gut strictured more than one-half. I resected the stricture and the man has been well ever since—now fifteen years.

Twice I have seen post mortem intestinal strictures which I supposed were due to ileo-colitis in infancy.

The first one was in a girl fourteen years old. She had been sick many months and doctors could not agree on the case. Four or five men treated her. I with others. At the autopsy we found four or five circular scars in the ileum which had so stenosed the gut that you could not get a lead pencil through.

The next one Dr. Snydam and I autopsied a few months ago. This patient was a boy aged six; but he looked like a boy of four. We found three constrictions like the former, but not so tight. I believed that these were cicatricial strictures following ulceration in ileocolitis in infancy.

Obstruction may be due to the presence of foreign bodies which have been swallowed, or to gall-stones which have ulcerated their way into the gut, to enteraliths, worms and to hard feces.

But the most terrorizing cases of ileus are the post operative cases, because the operator feels that he has been a partial cause of it. The gut is paralyzed and distends to a fearful extent. The stomach, too, undergoes acute dilatation. This casualty is most likely to occur in women who have extreme constipation. It may be best to open up the wound and to puncture the gut in many places to relieve the tension. To lessen the liability of this catastrophe, all patients coming to abdominal sections from other causes than intestinal or peritoneal troubles should be purged clean if there be time enough. Large volumes of gas are evolved from the retained feces, and the tension from the tympany adds to the suffering. Rough handling of the gut leads to it, and long exposure to air. Gastric and colonic lavage before and after the operation are recommended. Small doses of physic should be given in a day or two after the operation. If immediate results are wanted, give enemata. Opiates lessen peristalsis and lessen pain, but should be given very circumspectly.

Now let us come back and generalize. And this can best be done in the beautiful diction of Dr. Moynihan:

"It is still unfortunately true that in the very great majority of cases the surgeon is called upon to act in too late a stage of the disease. It is not too much to say that in a consecutive series of twenty cases of average intensity, the condition disclosed at the operation will show that in at least fifteen operation has been too long deferred. * * * * Allowance must, of course, be made for the early difficulty of diagnosis. There are many cases of acute abdominal pain which a dose of morphine permanently relieves, or a brisk aparient drives away. And in its earliest development a case of acute obstruction may differ in no perceptible degree from any of these. The administration of morphine in such a case of acute onset is held to be necessary—to be, indeed, inevitable. But it is not the one dose of morphine which does the harm; it is the needless repetition of the dose. It is not altogether unsafe to say

that an acute abdominal pain which a small dose of morphine does not wholly remove is not rarely due to a lesion within the abdomen that only an operation can relieve. For many of the patients who suffer an acute siezure of abdominal pain a hypodermic injection of morphine is the too-ready refuge of the surgeon. In administering morphine the surgeon is acting with the highest authorities, a sanction which, it has seemed to me, has been to readily given. An eminent authority, in a chapter more beautifully written and more pregnant with harm than almost any other chapter of modern surgery has said: 'Morphine is an absolute necessity in a case of acute intestinal obstruction, and should be administered with as little delay as possible,' and behind this opinion of one whose word is weighty, many of us have been content to shield ourselves. The advice is bad. There is no absolute need to administer morphine—there is no justification for repeating the dose unless means are taken to obtain the opinion of a surgeon, or unless the diagnosis is clear and the practitioner is fully aware of the condition which he is deliberately treating—if, that is to say, morphine is a remedy, and not a refuge. It is true, as I have said, that many apparently serious cases of acute pain of sudden onset, attended by sickness and perhaps by slight collapse, are relieved of all present troubles by the giving of morphine. But if the condition of the patient is such that a second or larger dose of morphine is speedily called for, the suspicion of the surgeon should be on the alert, and the probability (for it is no less) of the condition being one of mechanical block of the intestine or other grave surgical catastrophe should be borne in mind. It is in no small degree the administration of morphine which is responsible for the serious disastrous results in cases of acute obstruction. The comfort and repose thereby induced mislead the practitioner into the belief that the disease is of trivial import; and yet, during every hour, the pathological conditions within the abdomen are changing for the worse. When the exact state of affairs is revealed on the operating table it will constantly be found that precious time has passed away, and that the operation, whether ultimately successful or not, has been performed too late. The surgery of acute obstruction is disheartening work.

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"An examination into the conditions found at an operation or at an autopsy shows that in all cases two factors are at work in determining the fatal issue. Of these, the first and least important is mechanical block in the bowel—the actual obstruction. The second, and incomparably the more serious, is the septic absorption from the distended, congested, and perhaps ulcerated bowel above the place of stoppage. It will be clear, therefore, that in operating upon patients so affected the relief of the mechanical obstruction is but a part—and that the smaller and least significant part—of what the surgeon must need do. The overloaded bowel must be emptied of its putrid contents; and no operation should be considered complete until this has been done.

"During the operation the surgeon will need all his dexterity, rapidity and judgment if he is to be successful. In all abdominal operations speed is a desirable thing, here it is an imperative necessity. The surgeon must discover what has to be done and must do it with all possible despatch.

"Two points in the preparation of the patient need to be emphasized: The stomach must be emptied and washed out, and the skin of the abdomen must be carefully cleaned. The stomach is often greatly distended, being filled with a turbid, yellow or brownish-yellow, highly offensive fluid. Some fluid of this kind has probably been vomited upon many occasions within the few hours preceding the operation; but the stomach rapidly fills up again with similar material. If the patient is anesthetised with the stomach overfull it often happens that as soon as general relaxation is produced there is a profuse gush of this fluid through the mouth and nostrils of the patient, and if a deep inspiration be taken, the trachea is filled. The patient, indeed, is drowned in his own vomit. The stomach, therefore, should be emptied. If necessary the throat may be wiped over with cocaine solution before the tube is passed. After the stomach is emptied it is washed out with two or three pints of hot salt solution until the returning fluid is clear. The anesthetic is then administered.

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"So far as the anesthetic is concerned, it must be pointed out that the less there is given, provided insensitiveness is produced, the better. It is too much to ask to have the patient profoundly anesthetised so that his abdominal muscles may be relaxed or free from the turbulent movements of deep breathing. The previous administration of morphine will have lessened

the need for a free administration of ether or chloroform.

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"It is probable that there are few occasions in surgical practice which are so much simplified by previous experience as the search for the cause, within the abdomen, in a case of acute obstruction. In one's early cases the fingers within the abdomen seem to meet with no part that is capable of being recognized; there is no landmark, and the fingers are apt to wander aimlessly. But by degrees experience comes and, after a few cases have been explored, it is easy to feel at home in the abdomen and to recognize any obstruction without serious difficulty."

Ochsner says: "A statement which should be repeated many times and always regarded when any form of intestinal obstruction is considered, and even when there is the slightest suspicion of the possibility of the existence of intestinal obstruction in any given case, is that it is absolutely impardonable to give either cathartics or any form of nourishment by the mouth. In our experience the mortality has been ten times higher in patients who had been given cathartics before coming into the hospital suffering from intestinal obstruction, than in those who had received none. The reason why it is so dangerous to give cathartics in these cases is because they enormously increase the pressure above the point of obstruction, and consequently the intestine is made more permeable to micro-organisms in its lumen and the increased pressure hastens the occurrence of gangrene of the intestine at the point of obstruction.

"As harmful as is the giving of food and cathartics in these cases, so equally beneficial is the opposite form of treatment by means of repeated gastric lavage, which removes a great amount of poisonous material from the alimentary canal and permits the intestine and the stomach to contract."

A BRIEF SUMMARY OF THE INDICATIONS FOR ROENTGENOTHERAPY.

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No attempt is made to cover the entire ground but simply to mention the principal diseases which have shown themselves amenable to X-ray therapy.

SKIN LESIONS.

In general, it may be stated that all chronic skin lesions which have resisted other means of treatment are benefited by X-ray therapy. It was formerly the custom to use soft tubes but nowadays I prefer to employ hard rays even for many skin lesions because in some cases the disease extends into the deeper layers of the skin to reach which the harder X-rays are needed.

There are few, if any, acute skin diseases in which the X-ray is indicated, unless it be weeping eczema (stubborn case). Even in chronic lesions, X-ray therapy should not be employed unless the case has shown itself resistant to ordinary means.

Before beginning X-ray treatment it is very important to enquire of the patient whether previous X-ray applications have been made, and unless the patient has been treated by a well known roentgenologist who sends a letter giving very specific information as to the dosage given and dates of treatment, it is best to decline to treat the case again with the X-ray until after the lapse of three full weeks.

It is also important in dealing with all skin lesions to bear in mind the possibility of the case being luetic.

Both patient and physician may be saved subsequent distress if care is taken to make a certain explanation regarding some of the dangers of X-ray therapy, in order to be fore-warned in case of an untoward reaction. I am convinced that there are occasional cases of idiosyncrasy.

It is now recognized as a general rule in all roentgenotherapy, with the exception of malignant cases that a definite reddening of the skin should be studiously avoided. Past experience has taught roentgenologists that if a reddening of the skin does not occur there will be little danger of telangiectases developing at the cite of treatment. If a reaction of the first degree, or worse, does occur following treatment, it is a very good invitation for the later development of telangiectases although they may not make their appearance for from one to three years, perhaps even longer, though in the majority of cases they do not occur at all.

It is important not to use any other irritant drugs or measures which will tend to inflame the skin and thus encourage an X-ray burn. The ordinary safe dosage of X-ray is unsafe when the skin is irritated, as by some of the ointments which are used in various skin lesions.

RING WORM.

Ring worm of the scalp, beard or elsewhere, as of the nail, is curable by X-ray therapy

which has come to be recognized as specific for this disease. Fair haired children and individuals respond to smaller dosage than those of dark complexion. The scalp or beard should be shaved before treatment is begun and the parts should be kept well greased. It is a common saying among the leaders of roentgenology that a man who can treat ring worm properly has acquired the necessary fundamental knowledge to qualify him to practice roentgenotherapy.

ECZEMA.

In general, only sub-acute or chronic eczema should be treated with the X-ray, and for these cases hard rays are usually required. Sometimes an obstinate case of moist eczema responds favorably to carefully administered roentgenotherapy. Acute cases are much less tolerant of X-rays than chronic cases.

PSORIASIS.

Cases treated with the X-ray tend to clear up more rapidly than under any other form of treatment, and there is less tendency to recurrence. The same caution regarding the simultaneous use of irritant ointments and other irritant measures given for eczema applies in the use of the X-ray for psoriasis.

LICHEN.

Some forms of lichen respond to roentgenotherapy; others do not respond at all. The X-ray should be reserved for the resistant cases. Lichen planus gives best results.

PRURIGO.

Some forms only of this disease are amenable to X-ray treatment. It is worth trying when other methods fail, but only hard, filtered rays should be used.

LEUKOPLAKIA.

Roentgenotherapy is very good in these cases. Many of them are luetic and require specific treatment, but even in these the X-ray will hasten the result. Radium is also good in these cases. If a case of leukoplakia proves to be very resistant, suspect carcinoma.

ACNE VULGARIS.

The treatment and indications are the same as for Eczema. In our experience, roentgenotherapy is especially indicated in obstinate acne vulgaris.

ACNE ROSACEA.

Cases of acne rosacea do not give good results under X-ray treatment. They sometimes improve with radium, using a flat applicator and not much filtration.

LUPUS VULGARIS.

Roentgenotherapy is almost specific for lupus vulgaris and is the most appropriate treatment.

LUPUS ERYTHEMATOSUS.

It is best to use radium in these cases, and to avoid producing a skin reaction, for if one is produced it may mean the later development of telangiectases. The flat radium applicator is best in these cases.

WARTS.

Verruca Vulgaris are amenable to X-ray therapy. The other kinds of warts are not amenable to this form of treatment. Strange to say, the treatment of one wart or of the warts of one part may cause the disappearance of warts on other parts of the body. We have noticed this several times and it has been reported on numerous occasions.

PAGET'S DISEASE.

Treat exactly as cancer. Operation should be done in all cases. Do not temporize with the X-ray except as a pre-operative measure. Operation should not be delayed.

MYCOSIS FUNGOIDES.

The lesions of this disease are often so extensive as to require prolonged treatment, but the results are good, better perhaps than with any other measure.

BLASTOMYCOSIS.

Such cases may be accepted for roentgenotherapy if the lesions are given a preliminary curettement.

PORT WINE MARKS.

Radium is probably preferable for these cases, although the X-rays may be used.

NAEVUS PIGMENTOSUS ET PYLOSUS.

The X-rays are helpful in these cases although radium is also useful.

PARONYCHIA.

The X-ray treatment helps and will frequently cure. One must be on the lookout for specific infection.

KELOID.

Keloid responds well to nearly full doses of heavily filtered hard rays. The treatment should be given but once a month and one should be careful not to exceed or quite reach the erythema dose. It is best to tell the patient the treatment will require several months.

LUETIC LESIONS.

As above remarked, it is true that X-ray treatment sometimes aids in connectin with the specific treatment.

ULCERS.

In *simple ulcers* the X-ray in low dosage stimulates healing. Very resistant fissures of the tongue or the lips are sometimes made to heal under stimulating doses of X-ray. One should look out for luetic lesions under these circumstances, however.

Roentgenotherapy is the method of choice in *rodent ulcer.* The ulcers tend to recur and therefore a prophylactic treatment should be given on several occasions, that is after the ulcers have disappeared. Even then the scar may break down. Cases with involvement of bone or cartilage are exceedingly obstinate. I believe that in such cases the application of the X-ray should be combined with the thermocautery. I prefer the thermo-coagulation method.

HYPERIDROSIS.

Roentgenotherapy is very effective. It destroys or at least diminishes the activity of the glands. The effect is permanent. One should aim at partial effects only for the end result will be greater than the first results promised. It is not necessary to destroy the hair follicles but it is difficult to judge the dosage so carefully as to avoid the destruction of the hair follicles. It is better to decline to treat hyperidrosis of the head.

SUPERFLUOUS HAIR.

I have always declined positively to treat any case of superfluous hair no matter whether on the face or on the arms. I hold that the application of the X-ray is attended by too many dangers to use it as a cosmetic. Atrophy of the skin, or even worse, is the usual result if the treatment is successful in getting rid of the unwelcome growth of hair.

ENLARGED GLANDS.

Simple inflammatory glands if chronic are amenable to the X-ray. If there is a persistent sinus after drainage of a suppurating gland, X-ray treatment will help close up the sinus. It is of course, important to make sure that the gland is not a manifestation of lymphadenoma.

Lymphadenoma, recurrences must be repeatedly treated. The patient, of course, ultimately dies of the disease but the X-ray treatment will prolong life. It is the best known method of treatment.

Tuberculous Glands.—Tuberculous glands should be treated with the close co-operation of the specialist in tuberculosis. Careful blood examinations ought to assist. In making X-ray applications one should be guided by the same principles which guide the administration of tuberculin, for the X-ray stimulates the production of the antibodies much as does tuberculin.

I have come to the definite conclusion that in our work we should consider that the application of the X-ray does not stimulate the development of activity in a latent tuberculosis. I have talked this matter over with a number of leading roentgenotherapists who are interested in this matter and we have agreed on the above opinion.

Sarcomatous Glands.—One should always seek for the primary lesion, looking especially at the mediastinum. The X-ray treatment very rarely if ever *cures,* in fact, I am inclined to feel that in apparently cured cases there was a wrong diagnosis. So far as I have observed, recurrences occur sooner or later. The application of radium preferably by the block applicator method, is especially helpful in treating around the neck and under the jaw, the advantage being a matter of greater convenience.

Carcinomatous Glands.—Here again one should look for the primary lesion. One cannot reasonably hope for a cure. There will be occasional cases where the result will be most unexpectedly satisfactory. In the average case there is only palliation, yet palliation is very much worth while.

EPITHELIOMA.

When early, treat with the X-ray, excise and then treat again. Allow at least ten days to elapse between treatments. Use either radium or X-ray. Personally, I prefer X-rays in most situations. If the mucous membrane is involved the cases are obstinate. Cases of basal epithelioma are most amenable to treatment. Prickle cell growths are most resistant. The diagnosis should practically always be made by microscopic study; incision of specimens is apt to insure a spread of the trouble.

In sufficiently early cases of epithelioma I would recommend that a lead protector be made exactly fitting the lesion; and then, on the lesion thus protected, without filter but using a very hard tube, give a dosage equivalent to 50 x units. Then change the shield for one with a larger opening exposing the ulcer and in addition a ring of normal tissue about half an inch in diameter on all sides, or even greater in

the prickle cell cases, and treat with very hard rays, filtering through three millimeters of aluminum and a thickness of leather.

SARCOMA.

I would not treat any operable case except as a pre-operative treatment. Inoperable cases often respond very well to the X-ray. On the whole, sarcoma responds better than carcinoma. The general plan of treatment is the same as for carcinoma.

CARCINOMA.

One should never defer an operation to give X-ray treatments. It should be an inflexible rule not to be content with the X-ray treatment of any operable case to the exclusion of operation. I believe it is a good plan to give a pre-operative treatment in all operable cases. (I formerly recommended a delay of six to eight days between the application of preoperative treatment and the operation. I no longer give this advice preferring that the case go to operation immediately after the treatment, the same day even or at least the next day). If all the skin which has been previously treated is removed at the operation, as will sometimes occur, the post-operative treatment may be begun at once. Otherwise, I would postpone it for at least ten days.

Inoperable cases occasionally become operable under X-ray treatment. Sometimes operation is indicated to remove a large mass of diseased tissue or to get rid of suppurating surfaces. The ultimate result in malignant disease is not encouraging.

Recurrent carcinoma comes under the same category. Life is prolonged. The treatment is indefinitely worth while but the end results are unsatisfactory. It should be borne in mind that ulcerated areas will stand more X-ray treatment than areas where the skin is unbroken.

Herpes Zoster.—X-ray occasionally helps. Use only one application or hard filtered rays. Do not forget aseptic dressings in these cases.

PROSTATIC HYPERTROPHY.

X-ray treatment is helpful in many cases of prostatic hypertrophy, but the length of treatment required to produce results is such that I would never think of using it where an operation is feasible. Radium is helpful but must be used carefully in combination with roentgenotherapy. A special radium applicator for use in applications in the prostatic urethra is helpful. If hyperplasia of the glandular elements predominates, the case will respond to treatment. If fibrous tissue predominates, the case will not respond so well, or perhaps not at all. The patient should be cautioned that the first twenty-four hours following intensive treatment is likely to be uncomfortable on account of a primary swelling of the gland but this is only temporary.

One should be very careful that he is not treating an early carcinoma of the prostate when he undertakes the X-ray treatment of one of these cases. It is safest to advise early operation. The results are very much more prompt with operation. I would recommend the use of X-ray treatment only in inoperable cases.

UTERINE FIBROIDS.

The same thing may be said of uterine fibroids as of prostatic hypertrophy. There have been some very striking results. I have described the pros and cons of this treatment in "The Surgical Clinics of Chicago" for June, 1917. I prefer a combined X-ray and radium treatment. It is not necessary to give such intensive doses as we formerly thought were required; that is, the number of areas to which treatment is given may be considerably reduced. In only a few cases is the tumor made to disappear or even to diminish radically in size. The hemorrhage stops very promptly, usually by the second month and nearly always by the third. I think the arguments are about even for operation or combined radio-therapy in uncomplicated cases of fibroids. Where fibroids are attended by disease of the ovaries or tubes or where there is any suspicion of malignancy, the case should always be operated. Many cases I have treated who deliberately chose the radiotherapy method and finally secured very good results, nevertheless have said with considerable feeling that they wished they had chosen the operative method and had been done with it quickly.

EXOPHTHALMIC GOITRE—HYPERTHYROIDISM.

X-ray treatment is indicated in practically all cases even when operation is contemplated. Some cases respond very well and very quickly to X-ray treatment. Be careful not to produce any reddening of the skin. It is almost sure to be followed by telangiectases. Treat in three areas. It is at present our plan to include the thymus treatment in one application. It is best to give one-third the full dosage once a week and thus treat the patient every week rather than give the full dose at one treatment and to treat only once in three weeks. We are able to

hold the co-operation of our patients better. In no other cases of goiter is the X-ray helpful. When the degeneration is cystic or fibrous the X-ray will not and cannot help.

Syringomyelia.—Syringomyelia is one of the few nerve lesions in which the X-ray has seemed to help. I have never had an opportunity to treat a case but these cases should be subjected to X-ray therapy.

ANEMIA.

In pernicious anemia stimulating doses may help. We have never seen any very good results. The same thing may be said of splenic anemia.

HODGKIN'S DISEASE.

Combined radium and X-ray treatment is indicated. Use the radium around the neck and the X-ray over the rest of the body. Life is prolonged from one and a half to three years but the end result is unsatisfactory. The X-ray is the best method of treatment to-day.

LEUKEMIA.

The principles of treatment of the splenomedullary and of the lymphatic forms are about the same except that in the latter case less attention is paid to the spleen. Be very careful at the first treatment not to administer too large a dose. Fatal results have followed heavy doses at one sitting in such cases. It would be difficult to explain the fatal result. It may have been coincidence but we do not know about that. The differential blood count should be frequently made. One should not carry the white blood count too low. A leukopenia should be avoided. A drop in the total number of leukocytes with an increase in the megaloblasts may augur an early fatal result.

THORACIC DISEASE.

Unresolved pneumonia usually responds marvelously to a single intensive application of X-ray. In tuberculosis of the lungs the question of X-ray treatment is unsettled. There is good experimental ground for believing that X-ray treatment will help. Malignancy in the lungs or mediastinum should be treated with the X-ray especially by the cross-fire method. Cases of endothelioma of the plura are most responsive but the end result is bad in all cases. If the diagnosis of a mediastinal tumor is not clear, use X-rays on the chance of helping it.

BOILS.

Boils and carbuncles often clear up very quickly under X-ray treatment and if the X-ray treatment be given it may abort them. I have seen this occur a good many times.

MISCELLANEOUS NOTES.

Analgesic effects have been noted by a good many authors. I am afraid to use the X-ray for its analgesic effect and I do not recommend it for this purpose except in malignancy.

FIBROID ANKYLOSIS.

Fibrous ankylosis occasionally is helped by X-ray treatment.

SOME REMARKS CONCERNING THE SMITH-INDIAN INTRA-CAPSULAR OPERATION FOR CATARACT.

FRANK ALLPORT, M.D.
CHICAGO, ILL.

The most important, (and perhaps I might also say, the most sensational) phase of the cataract subject before ophthalmologists at the present time, is what is popularly known as the "Smith-Indian" operation—as performed by Major Smith and modified by many surgeons of less experience. This procedure consists, as is well known, in the removal of the lens in its capsule after the method proposed by Major Smith, and when successful, produces brilliant and ideal results.

The only question for *us*, as American opthalmologists, to decide is, whether this operation is the best one for *us* to perform. I will not attempt to speak for others, (especially as the Smith enthusiasts seem quite capable of speaking for themselves), but as for me, I will say, that I do not feel justified in adopting this operation in my own practice. I am just an average operator—neither better, nor (I hope) worse than my neighbor—and I feel if I can get the average percentage of good results by safer methods for my patients, who come to me for vision, and not for experimental surgery, that it is my duty to give them the best that is in *me* and I am sure this would not be the case if I began doing the Smith operation. I am perfectly willing to acknowledge that Major Smith and a few other East Indian operators of enormous experience, who do many of these operations daily, can do them successfully and achieve a large majority of briliant results. I concede this, although I contend that statistical results of *all* these operations might not be as convincing as the intra-capsular operators desire. These poor blind people make cataract pilgrimages to the Smith Shrine, are operated, and then return as quickly as possible to their distant native hills and are never seen or heard from again,

thus rendering the collection of accurate ultimate statistics impossible. For this reason, we may never know what all the *end* results are of this much extolled surgical procedure, but for the sage of argument, let us admit, that they are all that Smith and his followers claim. There are still other phases of the controversy to settle. In the first place, I doubt very much if Major Smith himself could come to America and produce as good results as he does in India. Of course, this is merely an opinion, and it may be a wrong one, but I believe it is a rational opinion and would prove to be a true one. Smith's patients in India, are tractable, patient, obedient people, unpoisoned by stimulants and excessive and rich food. Quick healing and slight reaction should be the rule under these circumstances. Should Smith, however, come to America he would be confronted by an entirely different class of patients. He would operate on a large number of unmanageable, impatient, nervous, disobedient, opinionated people, accustomed to servility from others, whose bodies have grown fat, flabby and diseased by laziness, gluttony, drink, autointoxication, syphilis, etc. and with whom slow healing and considerable reaction may be reasonably expected. If this is true, then these operators of *less* experience than Smith will surely get even poorer results than he would. On account of his natural skill and immense and unprecedented experience, Smith has acquired a skill and dexterity, unequaled by an living man. He can do things no one else can do; he can meet emergencies better than any cataract operator in the world. The intracapsular operation to him is mere child's play, but while this is an easy procedure for Smith—with his thousands of cases a year—it is a difficult and extra-hazardous operation for such people, for instance, as the writer of this paper, who has never done to exceed fifty senile cataract operations in a year. What right then have I to desert a well-tried, conservative, almost invariably successful operation, which I can perform with comparative ease, in order to try an experimental, sensational, difficult and extra-hazardous surgical procedure, merely because Smith and a few of his followers do it and because some men are doing it in this country, and because it is spectacular. Its advocates will say, in refutation of these statements, that these are not the *real* reasons for their allegiance at all; that they operate on account of the clear pupil, the absence of lenticular and capsular remnants, the lack of iritis and the superior vision. This may be, and doubtless *is* true in the successful cases; but what of the unsuccessful cases where collapsed and ruined eyeballs follow in the wake of the ambitious, but perhaps unwise operator? *We do not hear so much of these cases.* "The greatest good to the greatest number" should be the motto of all cataract operators, and I am sure that this result cannot be attained in this country by using the Smith-Indian operation. Some intracapsular operation may be, and I believe will be devised, that will be suitable for *average* operators, but the Smith-Indian operation is not the one. Some claim that this operation is not so difficult after all, but I am confident that only a few over-zealous disciples entertain such optimistic views. The fact is—it is a complicated, difficult and dangerous surgical procedure, except in the hands of a few men like Smith and other East Indian surgeons—and even their hands might lose their cunning unless they were kept in constant practice. Those enraptured and hysterical people who perform nervous stunts when Paderewski plays upon the piano can hardly conceive that his prodigious skill would quickly disappear unless he constantly practiced upon his chosen musical instrument. He himself has said, however, that if he did not practice for one week, his enemies quickly discovered his shortcomings. If he did not practice for two weeks, his friends shook their heads in consternation, and if he did not practice for three weeks, he himself knew that he was only a second rate pianoist. And so I believe it is with the East Indian operation. I believe that those surgeons in East India, whose stock of cataracts seems to be in exhaustible, are warranted in performing this operation because they operate many times a day and acquire and maintain a special skill and dexterity, but I do not believe that men in this country, who only operate a few cases a year, should unnecessarily risk vision and the happiness of those patients, who confide themselves to their care, because they, for one reason or another, are determined to risk the Smith-Indian procedure. Those gentlemen who have acquired operative advantages over those who remained at home, by making enterprising journeys to the East Indian Fountain Head of Intra-Capsulology, and have acquired first hand knowledge on this subject, fortified by experimental operating on several hundred unfortunate blind East Indians, seem to have (at least for some time), regarded this operation as the only one to perform. Those operators, compelled to forego the advantages

of this wonderful experienec of East Indian post-graduate instruction, naturally sustained a sense of mortification and self-abasement when these travelers, one by one, returned with glowing accounts of the wonders of India. They were forced into a self-acknowledgement of primitive old-fashiondom and reminded one of the little poem in a New York paper after the unsuccessful campaign of Tom Platt, managed by Mr. Lemuel Eli Quigg:

"If I were Lemuel Eli Quigg,
Lem Eli Quigg,
Lem Eli Quigg,
If I were Lemuel Eli Quigg,
I'll tell you what I'd do;

I'd crawl into a woodchuck hole,
An auger hole,
A gimlet hole,
I'd crawl into a gimlet hole
And pull the hole in too."

But this burden of humility has somewhat lightened as time has progressed and it has been observed that those enthusiastic returning cataract pilgrims have mostly—one by one—begun by making various modifications of the Smith operation and its special instruments, and ended by using this operation only in "selected cases"—whatever that may mean. I suspect, however, it means that having once left the "Mysterious East," the personal magnetism of Smith and the fascination of his surroundings, and once more returned to the commonplacedness and sordidness of America, the inspiration of the Master has faded gradually away and they have been compelled to realize that *their* individual fields of activities lie, not in India (with its hordes of migrating, cast-off humanity, involving but little surgical responsibility, there eyes may be lost by the dozens without creating any particular disturbance in the ebb and flow of life's tide), but in America, with its distinctly different climate, population and environments, where eyes are eyes, and law is law, and where heavy burdens of responsibilities are loaded on surgeons' shoulders, and where a lost eye may be a very Ghost of Banquo in its power of disturbance and disquietude. Besides this—they have, I fancy, learned quite early that this is an operation requiring constant experience to maintain surgical dexterity and wisdom, and that whereas in India the supply of cataracts is more than equal to the demand, in America even a busy ophthalmologist may not operate perhaps more than fifty senile cataracts per annum. I think, therefore, that, rather than attempt this brilliant procedure, which I believe should only be used under favorable circumstances by exceptionally expert and experienced surgeons, that we might be better occupied in perfecting the quite satisfactory operation with which we are already familiar, and in reaching out along more conservative lines for the future intracapsular operation.

7 West Madison Street.

Bell-Ans (Papayans, Bell).—"Are you going to sit there and let the other folks eat up all the good things just because you are afraid to pitch in, when 2 or 3 Bell-Ans taken before and after the meal would enable you to enjoy your share of all that's coming without a bit of discomfort or distress? Bell-Ans has restored the pleasures of the table to thousands who say: 'I can now eat anything and plenty of it, too.'" The New York Tribune comments that such advertisement as this is not limited to the evil effects to the misguided individual who eats lobster and ice cream at midnight and trusts to Bell-Ans to atone for his indiscretion. The most serious effect of such reckless advice is the example which the advertising sets to other advertisers. (*Jour. A.M.A.*, Feb. 23, 1918, p. 557).

Syphilodol.—According to the French Medicinal Company, Inc., which markets the product. Syphilodol "is a synthetic chemical product of silver, arsenic and antimony * * *." Nowhere in the advertising matter is there a more comprehensive statement regarding the composition of this "new synthetic" than that just quoted. The product is being examined in the A.M.A. Chemical Laboratory: the examination having advanced sufficiently to show that Syphilodol contains considerable quantities of mercury. Although the advertising leaflet claims that the preparation is "the formula of the late Dr. Alfred Fournier of Paris" and has been exhaustively tested by Metchnikoff, a careful search of French medical journals fails to show any report on Syphilodol (*Jour. A.M.A.*, Feb. 23, 1918, p. 559).

Trousseau's Wine.—This obsolete combination of drugs acting on the heart and kidneys is made by maceration of digitalis, squill and juniper berries in wine and alcohol, and adding potassium acetate to the expressed liquid. (*Jour. A.M.A.*, Feb. 23, 1918, p. 559).

Antiphlogistine.—A. G. Gould, M.D., Plant Physician to tht Good-Year Tire and Rubber Company, writes that after corresponding with the physicians in charge, he finds incorrect the claims of the Denver Chemical Mfg. Company, regarding the use of Antiphlogistine by certain establishments. He asks: Is there not some way that such exploitation of our large companies can be prevtnted? (*Jour. A.M.A.*, Feb. 23, 1918, p. 557).

TRANSACTIONS

OF THE

Clinical Society of the University of Michigan

Stated Meeting, January 9, 1918

The President, JAMES G. VAN ZWALUWENBURG, M.D., in the Chair
Reported by REUBEN PETERSON, M.D., Secretary

REPORT OF AN UNUSUAL CASE OF RENAL CALCULUS.

ROBERT H. BAKER, M.D.

(From the Surgical Clinic, University Hospital, Ann Arbor, Michigan).

The case which I have to report is that of a Greek, 34 years of age, who came to the Hospital primarily for Wassermann examination and treatment of syphilis. His family history is unimportant except that he came from a distinctly tuberculous family. His chief complaint in our Clinic was pain in the lumbar region extending across the back from the midline around to the left side, more severe on the left side. His past history shows a chronic appendicitis from youth for which he was operated upon. He came to America in 1907 and contracted gonorrhea and syphilis. He was treated for six weeks and discharged cured. In 1912 he had an acute attack of appendicitis, was operated upon and discharged in twelve days. He has had acute rheumatism in the left leg with stiffness and pain extending to the foot. He was confined to bed for six months in 1913 with this complaint.

His present illness began in November, 1916, with vague pains low down in the back. His work kept him on his feet and while standing his pain was more constant and relieved by sitting or lying down. The condition became progressively worse until February, 1917, when he began to notice frequent urination. This latter symptom became somewhat painful with pain following the nucturition. He noticed his urine was cloudy. In March his doctor gave him internal medication without relief. In May, 1917, he began to feel weak all over, and could not sleep nights on account of a backache. He had lost ten pounds in weight. In July he quit work, the symptoms returning with some burning urination. He came to the Hospital in November and was treated in the Department of Dermatology for three weeks previously to entering our Clinic.

His physical examination was entirely negative. At our first examination we noted that he had no definite area of tenderness on either side, although he complained of dull pain on the left. We noted later that nothing could be found on the right side. The attack which caused him to be referred to us came on in the night following a salvarsan injection. This was a definite attack of renal colic on the left side. He gave no history of passing a stone, or of bright or dark blood. His tenderness and pain were so unimportant that we were unable to get a history of previous backache. He denied ever having had anything except a dull backache, which had given him no trouble. He denied all history of any distress upon the right side.

December 6th, I examined him and found a bladder mucosa which was normal except for slight duskiness over the trigone. Both ureters were catheterized with ease, but no specimen was obtained from the right side. The left side revealed urine slightly under pressure. At this examination his bladder urine was alkaline, containing albumen, pus, and some blood. Examination of his left kidney urine was absolutely negative, with no albumen, pus, or blood. The left kidney urine was acid. The patient was taken to the X-ray room for pyleogram, where the left kidney pelvis was injected, and nothing unusual found except that the catheter was completely turned over in the pelvis, indicating a large pelvis. The catheter on the right side reached a point which should be the kidney pelvis, but we were unable to force any thorium into the kidney. The X-ray report from this examination stimulated further study. The picture was so unusual that my first thought was that this patient had had a previous barium meal, and that the shadow on the right side was that of retained barium in the bowels. The unusual configuration suggests folds in the colon. The diagnosis was calcification of an old diseased kidney. In an attempt to verify this, a wax tipped catheter which had previously been examined microscopically for scratches, was passed up the right ureter. The waxed tipped catheter was passed into the bladder before the cystoscope to obviate any scratching at that time. Upon manipulation of the catheter after reaching the pelvis of the kidney, and then withdrawing the cystoscope before we withdrew the catheter, we were able to demonstrate definite scratches upon the waxed tip. This examination was repeated three days later to verify the first finding. There was no doubt then that the patient had a stone in the pelvis of the kidney which was causing the trouble.

The unusual features of this case were the size of the stone, the fact that the patient had

had practically no symptoms, and that the symptoms which he had were all left sided.

The one thing which called our attention to his condition was the acute renal colic following his salvarsan injection. In this attack, the pain was very severe, and would have been interpreted under ordinary circumstances as a colic caused by the passage of a small stone down the ureter. I have attempted to investigate the cause or referred pain from one kidney to the other. It is not uncommon to have such referred pain in hydronephrosis, or ptosis. I know of no physiologic or anatomic explanation of this. I would interpret this case as a result of two factors. Undoubtedly his pain which had existed for at least a year, was due to the gradual formation of this stone upon the right side, for which he had a referred pain on the left side. The acute colic following the salvarsan injection might be interpreted as one of two things. Either the left kidney was taking the strain of his whole excretory function, and was so overpowered by the salvarsan that the hyperemia and congestion caused the pain, or the right kidney might have taken some of the strain, and he felt a renal colic which was referred to the left side.

The patient was advised to have an operation to which he submitted. Instead of finding one large stone, we found a large number of stones, which had so completely displaced the kidney tissue that the kidney had to be removed entirely. It is not uncommon to find stones as large as this, but as you know, the symptoms by which we usually diagnose renal calculus are renal colic, hematuria, and pus in the urine. This man must have had some secretion from the right side, which would explain the pus in the bladder, and the alkalinity of the bladder urine when the urine from the left ureter was acid. The diagnosis was made by the X-ray and the wax tipped catheter.

DISCUSSION.

Dr. Mark Marhall: Is there any record of a case where one kidney has been removed, or is not functionating, in which salvarsan has produced pain from overloading or congestion?

Dr. Baker: I am not prepared to answer that question. That point has interested me particularly. The question has come up as to the further treatment of syphilis in this case, and as to whether it was the salvarsan which caused the colic.

Dr. Lyle B. Kingery: I remember this case quite well because the reaction which followed the first injection was rather unusual. I do not know that I can add anything to the theories of explanation. We know that all the salvarsan of an injection is probably excreted within twenty-four hours following the injection, mostly by way of the kidneys. With this added work thrown upon the kidneys there would necessarily be a congestion. Occasionally we do find slight pains in the small of the back following salvarsan, particularly large doses, which are probably caused by a transitory hyperemia of the kidneys. If the affected kidney in this case were secreting at all, it was without doubt, called upon to do an extra amount of work following the injection, and with this increased strain it is reasonable to suppose that there would be some sort of a reaction such as we had here. I cannot otherwise explain the question of reference of pain from one side to another. I think the future use of salvarsan in the case should rest entirely upon the condition of the kidney. However, provided salvarsan is given cautiously, and governed by the ability of the kidney to take care of it, the question to be decided is whether the benefit is worth the risk. The relation of this injection of salvarsan to the attack itself, I think can be explained no better than as Dr. Baker has already suggested.

THE TREATMENT OF CHRONIC CONSTIPATION WITH PSYCHOTHERAPY.

Mark Marshall, M.D.

(From the Medical Clinic, University Hospital, Ann Arbor, Michigan).

With no desire to foist upon this society a tedious discussion of a commonplace subject, but rather to fulfill a certain obligation to Dr. Van Zwaluwenburg, who dictated the assignment, the writer consented to read this paper.

The symptomatic treatment of chronic constipation by the giving of repeated doses of cathartic is such a simple procedure that many laymen regard themselves as competent to manage their own cases and the physician so often finds that this method meets the approval of the patient that little time or effort is expended in seeking a more rational form of therapy. There are, however, a goodly number of patients who have become dissatisfied with the constant use of cathartics, and who demand of the physician a form of treatment that will enable them to discontinue the use of medicine. In such cases the physician usually outlines for the patient an anticonstipation diet, selecting foods which have a large residue, and may even suggest to them the value of regular habits of going to stool. With this advice the patient is left to his own devices and obtains usually only a partial and temporary relief. As a rule he continues to rely at times upon cathartics which practice sooner or later leads him into his old habit of constipation. The management of a case by this method requires one or possibly two visits to the physician's office. The results are pretty

much in proportion to the time spent in obtaining them.

It is the purpose of this paper to present and to emphasize more rational methods of treatment for this very common condition, which in the hands of those who are sufficiently interested, has given remarkable results. It is based upon the very obvious theory that the intestinal tract of the average man will functionate normally, so far as defecation is concerned, if it is not tampered with. This hypothesis might rather be stated as a fact, since it is a fact, but the perverted mind of man has not accepted it as such in formulating his attitude toward the intestinal functions, so it needs must be stated as a theory until such time as accumulated clinical evidences demonstrate it as a fact. Select at random any normal appearing laymen, and obtain from him his views concerning his intestinal functions. The chances are, ten to one, he is not satisfied with the natural behaviour of his intestinal tract, however free from symptoms he may be, but thinks he can improve upon nature by taking a purgative occasionally, once a week or perhaps once a month. And how can we blame the poor laymen for harboring such a belief, when we realize that every time he ever consulted a physician about a symptom, no matter what the illness or the complaint, the physician gave him a purgative. He naturally comes to look upon the bowels as the hiding place for all disease, and that an occasional sweeping out is the course of wisdom. This tampering with the intestine by the use of cathartics, suppositories and various enemata, is too common to need further comment and frequently marks the beginning of fixed habits of medication. It is a well known fact that there is always a period of constipation following the use of a cathartic, and that with the too frequent use of a cathartic this period of reaction soon becomes the dominant feature.

There is another sort of interference with the bowel movements which while not so obvious as the preceding, yet nevertheless plays an even greater part in establishing a constipated habit. I refer to the mental attitude of the individual toward his intestinal behaviour, an attitude which manifests itself for the most part in a deeply rooted concern as to whether the bowels are going to move with daily regularity or whether the amount passed is adequate to prevent an autointoxication, a more or less mythical physiologic phenomenon, which by virtue of its apparent plausibility has too frequently served as a cloak to hide our diagnostic shabbiness.

It is a well established fact that even the slightest concern in regard to ones business or professional appointment, will frequently bring about failure of the daily bowel movement. Concern about ones self or ones own health while obviously a far more important factor in establishing such irregularities is usually overlooked by the physician in his analysis of a given case. He recognizes the concern, but regards it, as does the patient, as an effect rather than as a cause of intestinal irregularities. It is a comparatively simple matter to regulate by schedule the physical habits of an individual and thus eliminate many factors productive of habitual constipation, but to regulate his mental habits, is a problem which demands determination, time and infinite patience. It can be done, however, and with such constant and brilliant results that one cannot help regarding most cases of chronic constipation as neurologic conditions, and best treated by psychotherapy.

The general principle involved in the psychotherapeutic management of this condition is not essentially different from that involved in the psychotherapeutic treatment of any functional condition. It presupposes upon the part of the patient a perfect confidence in the physician. After this is attained, the physician has only to suggest the desired result and it comes. This is the underlying principle briefly stated, the detailed application of the principle is somewhat more complicated and will vary a great deal in the hands of different therapeutists and in the management of different cases. No doubt every one in this kind of work developes his own individual technic, but in order to place this presentation on a concrete basis, the writer will outline in detail his own method of procedure. One begins by telling the patient that in order to come to a proper understanding of his condition it will be necessary to make a very thorough examination. As a rational human being, this will appeal to him. One makes the usual physical examination giving special attention to the abdomen. A rectal examination is always made, and if there is any indication for it, a gastroanalysis. The urine and blood are examined routinely. This examination may cover a considerable time during which one purposely avoids treatment of any kind. If, as in most cases, no obvious cause is found for the constipation, one emphatically assures the patient, that if he follows instructions in detail he will never have to take another dose of med-

icine for his bowels as long as he lives. He is told that a thorough examination has failed to elicit any organic basis for his complaint, that his trouble is of a functional nature. Most laymen have a fairly definite understanding of the difference between a functional and an organic condition. He is told that being normal in every respect, his intestinal tract should behave normally and would do so if its activities were not interfered with in any way; that all of ones internal organs are designed to work harmoniously and automatically and unless they are organically diseased they will do so if not meddled with. In the first place they should not be interfered with by the use of cathartics. The patient is then told of the more important source of interference, namely, the effect of efferent impulses arising within the brain, which inhibit the normal relaxation of the anal sphincter and the proper contraction of the rectal muscles. His attention is called to the common experience of failure of defecation as a result of unusual early morning appointments. An appointment at 8:00 A. M., if it is sufficiently unusual, will inhibit the normal act of defecation which otherwise would have occurred at 7:00, the failure not being due to lack of time but to inhibitory influences. The patient in this way is made to realize the importance of such factors and particularly the inhibitory influence exerted by any worry involving the act of defecation itself. These elementary points in physiology are restated in varying terms and supplemented by concrete examples until the patient has a thorough foundation for further instruction. He is then told to free himself from all concern, as to his internal organs, and to place the responsibility of his case in the hands of his physician. He is instructed to go to stool at a certain time every morning within a half hour after his breakfast and to remain there for ten minutes without undue effort to make the bowels move. If they fail to move, he is to completely disregard the fact as the failure cannot possibly do harm. At this juncture one proceeds to explode the autointoxication theory, which in most instances constitutes a strong foundation upon which the patient has built a vast superstructure of therapeutic fallacies. His ideas in this regard are apt to be deeply rooted, since they are based upon statements eminating from scientific sources, and reinformed by the repeated observations of a physician giving a cathartic as the essential part of the treatment of any illness regardless of the nature of the symptoms. To say that one proceeds to explode the patient's theory of autointoxication is really overstating the case, for this is hardly the expression for describing a process so tedious. It often requires a great deal of argument to convince the patient in this matter. Merely to state the fact without convincing him leaves a weak point in the presentation of the case, which to be successful must appeal to the patient as uniformly sound. One can state as a fact that there are healthy individuals whose bowels move but once a week and that no symptoms of intoxication such as headache and lassitude are experienced. On the other hand there are many who will develop a headache before noon if the bowels fail to move in the morning, an interval of time between cause an effect which is entirely too short to admit of such an interpretation. If the bowels fail to move in the morning, the fact is not only to be disregarded by the patient but should there be a tendency for them to move later in the day, this should be disregarded and defecation postponed until the following morning at the proper time. This for the obvious purpose of establishing a regularity to the function. The patient comes to the physician's office every day for the first few days of treatment and reports his condition. These frequent visits are essential for its serves to prevent the patient from assuming any responsibility for his condition. Responsibility leads to concern, doubt and worry, all factors detrimental to the successful management of the case. Should the bowels fail to move for two consecutive days (a rare occurrence, even at the beginning of treatment) the patient is given a simple enema. It is invariably given in the morning at the appointed time. Every day the patient is reassured in regard to his condition. One speaks of the many cases treated without a single failure: of cases much more serious than his own that were readily relieved, etc.

A very practical aid in carrying out this treatment is to arrange for the patient a daily schedule. Particularly a fixed schedule for the early morning hours; one which provides ample time between the hour of rising and the time for going to work. For example, for students with 8:00 o'clock classes, the following schedule has been used.

Rise at 6:30 A. M.; breakfast at 7:00. Between breakfast and 8:00 the patient may read, smoke or do anything he likes except work. The inhibitory influence of early morning work is striking. One patient who was an office worker and who preferred to attend to his toilet after

going to the office, was cured by carrying out the only order that was given him, namely, to assume none of his daily duties until the bowels had moved. When, as occasionally happened, he yielded to the temptation to read his morning mail first, the movement failed. It has occurred to the writer, that the constipation in women which almost invariably has its beginning with the first baby, is far more likely to be due to the irregular life and insistant demands incident to the care of a new baby than to the physical traumatism resulting from the pregnancy.

A detailed report of cases of constipation treated with psychotherapy would not interest you particularly. A brief summary of a few typical cases might be worth while.

A maiden lady, age 56, was referred by Dr. R. B. Canfield June 23, 1913, complaining of occasional cramp-like pains in the abdomen and chronic constipation. She was operated six years before, at which time a fibroid uterus was removed and both ovaries. Two years following the operation, the cramp-like pains began and had been the source of trouble ever since. The pains were described in ways that suggested either the pains of colonic adhesions or possibly the pains which accompany the taking of too much cathartic. July 7th, two weeks after treatment was begun the bowels were moving every other day without assistance, and the pains were less severe. Later the movements occurred daily. Two years after the treatment of her constipation she was operated upon for gallstones. The disturbed conditions incident to the operation and the taking of cathartics while in the hospital caused a return of the bowel trouble, which she assured me she could take care of herself, after returning to normal conditions. She has not been heard from since, so it may be taken for granted she is well.

CASE II. A male student, age 22, applied for treatment for constipation, May 11, 1915. For three years he had been subject to severe attacks of constipation. Patient says he does not like to take medicine for the constipation because he believes it makes the condition worse. The first treatment was given three days later. The following morning the bowels moved without difficulty. During the following week the bowels moved every other day. The patient expressed some concern in regard to the infrequent movements. He was told that this could do not harm, and at any time they might began to move every day. Daily movements began the morning following this suggestion. June 24th, six weeks after treatment was begun, the patient called to tell me of his complete cure, which fact was demonstrated to his satisfaction during the previous week, when he spent four days and nights in a house party, under conditions which previously had never failed to cause trouble.

CASE III. A physician, age 40. Had taken cascara every night for four years. He became interested in the method of treatment employed by the writer and applied for treatment. He wished, however, to make an exception to the usual rule, in that he thought it best to continue the cathartic in gradually diminishing doses. This reservation marked a lack of complete confidence in the method, which predicted ultimate failure, if treatment were attempted under such conditions. He was presented with the necessary statistics and arguments to establish complete confidence, and began his treatment under proper conditions. He was cured in a short time. During the past five years the patient has not taken a cathartic.

CASE IV. A girl age 24 was referred to Dr. R. B. Canfield July 7th, 1913. Patient had been obstinately constipated for six years. For the past year had to take large doses of castor oil every three or four days, and this gave only ordinary results. The patient was almost totally deaf, so her first therapeutic lesson was given to her in typewritten form. The following morning her bowels moved normally without assistance. Unfortunately the patient left town at this juncture and could not be properly dealt with and in fact received no further psychotherapy. However, a letter received from her three months later, spoke of a marked improvement, though she was still using cathartics, though of a milder sort. This case, while not in any sense cured, was of particular interest in that she showed such a remarkable suggestability, responding as she did to a written suggestion and later maintaining a very definite improvement.

Dr. Curry of a recent graduating class, while yet a student, became interested in the method and undertook the treatment of a very severe case in one of his acquaintances. The case was an obstinate one of six years standing. In six weeks he was entirely cured. Dr. Curry made a most interesting report of the case to the senior class in therapeutics at the time.

Dr. Leslie DeWitt of a previous class, successfully treated a case during his senior year.

About ten years ago, Lyons of Buffalo, reported in the Transactions of the American Society of Physicians, a series of sixty-nine cases treated, with sixty-eight cures. It was this report which stimulated the writer's interest in the method.

DuBois in his book on psychotherapy has a most interesting chapter devoted to gastrointestinal conditions, in which he discusses at length the treatment of constipation. DuBois claims to have had no failures except in cases with a definite organic basis for the trouble.

He recounts an interesting instance in which one of his former pupils, who was very proficient in psychotherapeutic methods, failed in the treatment of a case of constipation, which was manifestly of nervous origin. In order to determine the exact cause of the failure, DuBois asked the physician to relate to him, word for word, his conversation with the patient. The weak point in his argument was found in the following expression. "I am sure I can cure you of your trouble, but if I can't, I know a man who can." DuBois then took the case and within twenty-four hours after the first treatment, the patient began having daily evacuations. Other writers have called attention to the method but nevertheless, it has not come into general use for certain obvious reasons, the first of which is a general lack of interest and confidence among physicians in all psychotherapeutic procedures. The physician also feels that such methods are not only time consuming but are not financially productive. He fails to recognize the fact that a successfully treated patient is willing to pay full value for his advice.

It will be noted that this paper has scrupulously avoided controversial question, such as, what constitutes constipation? May it not be a thing entirely independent of the frequency of defecation? Are there not many individuals who think they are constipated, who only imagine it, and who only have to be convinced of this fallacy, in order to perfect a cure? In other words, what diagnostic standard shall we adopt in defining the condition? The writer has accepted the standard of the patient, which obviously will include varying types of cases under the one heading and might legitimately be regarded therefore, as unscientific. On the other hand, the attempt to classify all cases under the heads of spastic constipation, paralytic constipation and the more fanciful, latent constipation, while it may be very attractive from the standpoint of diagnosis, has been such a faillure as a basis for an equally rationalized therapy, that one may be justified in disregarding the whole scheme, even at the risk of being numbered among the unscientific, in order to obtain the maximum number of cures.

DISCUSSION.

Dr. Theophil Klingmann: I was much interested in Dr. Marshall's paper. I take it that most of his cases were without any definite neurologic condition. At least Dr. Marshall didn't mention such conditions. I dare say my experience is very limited in that class of cases.

It has been a great satisfaction to me, however, to observe the results in neurologic cases. Most patients with hysteria subjected to the isolation treatments suffer from constipation. It is usually the first request that they be given a cathartic under such circumstances, even on the first night. However, they are assured that that will all be taken care of and that first of all a careful examination of the condition will be necessary in order to give proper medication. These patients are much concerned for the first few days, of course, the cathartic is not forthcoming, and much to their surprise, they begin to have normal evacuations of the bowels, perhaps not every day at first, but very soon, and eventually they inform you voluntarily that the condition is much improved. That is the rule in the majority of cases where there is no organic cause for the constipation. Only recently I had an experience with a patient whom I had previously treated, and who had had trouble of that sort, but apparently was not cured of the hysteria, and consequently was not cured of the constipation. The case was one of a chronic type of years standing, and beyond the age where we usually get good results in such cases. I received a telegram from this patient from some point in Florida, stating that the condition was very serious with complete obstruction of the small bowel, and that she had taken croton oil without results. I wired her and told her what to do, ordering absolute rest in bed and discontinuance of all medication. I have just received an answer that she is much improved. Apparently in hysteria the condition is caused by the same circumstances as the other symptoms of which those patients complain.

I wonder if there is not in all of these cases some definite psychic cause and whilt Dr. Marshall has given us the results which he obtained years ago, with apparently no recurrence, it is probable that the psychic element is eliminated. Where the condition is not a neurosis, and the patient is a normal individual, the condition may be due to bad mental hygiene. In cases of hysteria, where the neurosis is not cured and there is a return of the other symptoms there is a return of the constipation, and finding the cause of the neurosis will eliminate all of the symptoms, and consequently, the constipation.

Dr. Harold DeB. Barss: There are one or two points of interest to me. In my experience in the Surgical Clinic as I have examined a number of cases who come for indefinite stomach or bowel trouble, upon questioning them I find that the ideas of constipation among laymen vary. A large number definitely state that they are constipated, and yet there is no evidence to bear out their statements. Just the other day I asked a patient if he was constipated and he said, "yes." I said, "How long have

you gone without a bowel movement? Have you ever skipped a day?" He answered, "Yes, I did once, and I got a headache." This man took a cathartic every night. Patients of such type should be very amenable to treatment. I think another point of importance which was brought out is that we must first convince ourselves that there is no organic basis for the trouble. If we have eliminated every possible chance for an organic basis for the trouble, I think psychotherapy is a very good curative agent. I have to my credit one successful cure of constipation by the method outlined by Dr. Marshall. This patient who formerly used cathartics in considerable quantities, has not used any within the last two or three years.

DR. JAMES G. VAN ZWALUWENBURG: I have for a long time been convinced that the X-ray findings and the patients' statements of the condition thty are in often absolutely conflict. I doubt whether anyone knows whether he is constipated or not. I have reached a point where I don't know what constipation is. There must be some intoxication which arises from such a condition because I have experienced it. However, I refuse to state the habits of my bowe's. I am not like a classmate of mine who claimed that his bowels moved regularly—every Friday morning. I believe that constipation is not of large bowel origin. However, I cannot with decency go any further since Dr. Marshall distinctly refuses to discuss the question of the entity of constipation. I merely want to express my appreciation of the presentation of the subject tonight.

DR. MARSHALL (closing the discussion): Dr. Klingmann's point is well taken in regard to constipation occurring as a feature of hysteria or some other neurosis. Of course in such a case, the neurosis is the thing which should be treated. I haven't any doubt but that some of the cases I have treated fall into that group, but it is not always convenient to treat the underlying condition scientifically any more than it is always feasible to perform a surgical operation for the underlying cause of constipation. The treatment after all is only a symptomatic form of treatment and is comparable to the symtomatic treatment of hysteria by the electric current rather than treating the patient by psychoanalysis, which eliminates the cause of the trouble. In all the cases with which I have come in contact, a large majority of them fall into the group which Dr. Barss mentioned, those patients who are not constipated at all, but only imagine they are.

The subject has been a very interesting one. I must admit that I have not treated a great many cases. In the cases in which I have taken up the treatment seriously, I have had no failures except the one which I have reported, in which there was a partial result. Many times I have used the method in cases that were being treated for other conditions in which constipation was incidental. In such cases there has been improvement but not a complete cure, because the treatment was not undertaken with proper care.

REPORT OF TWO CASES OF THYRO-ADENOMA OF THE POSTERIOR PHARYNX AND NOSE.

A. C. FURSTENBERG, M.D.

(From the Department of Otolaryngology, University Hospital, Ann Arbor, Michigan).

Thyroid metastasis to the upper respiratory tract is a very rare occurrence but not infrequently remarkable glandular tissues growing within the bones of the skeleton, resembling structurally young or growing thyroid gland have been encountered. From a pathologic viewpoint these tumors are thyroadenomas and structually of a benign type, but clinically they are found to grow rapidly, eroding the bone and tissues in which they occur and manifesting malignant properties. It is, moreover, an interesting fact that metastasis has frequently occurred when a careful study of the thyroid gland itself has failed to show any evidence of a primary tumor. The metastatic focus may not only resemble the structure of normal thyroid but may also be capable of assuming the same function. In this connection Von Eiselsberg reported an interesting case in which symptoms of cachexia appeared followed the removal of a goiter but prompt improvement occurred with the appearance of a tumor in the sternum two years later. Because of symptoms of pressure it was necessary to remove the tumor and sternum four years later, following which, the patient developed cachexia and death finally occurred from marasmus.

As to the cause of the development of metastasis, according to Adami because of the distance of the bones affected from the thyroid it does not seem reasonable to advance the theory of fetal inclusion, that is, to suppose that we are dealing with cases in which, during fetal life, pieces of thyroid became detached and lodged in growing bone to lie dormant for years and suddenly take on an active growth. He has pointed out that there can be detected in the thyroid even during adult life small accumulations of cells called "mother cells" by Wolfler capable of growing and producing new acini. He believes, therefore, that the simplist explanation for metastasis is that certain of these cells gain entrance to the circulation and are carried through the organism to lodge in tissue favorable to their growth.

The case reports are as follows:

Mrs. H., age 45, entered the Hospital complaining of difficult nasal respiration. Her family and personal history were of no importance. Her present trouble began two years ago when she gradually became hoarse, suffered from pain in the right eye, and a few weeks later was seized with frequent attacks of epistaxis. She cinsulted her physician who removed a growth from the right nares following which nasal breathing became free but intermittant hemorrhages continued. Three months later it was necessary to submit to a second operation, the growth having returned and epistaxis more frequent. She remained under the constant care of a nose specialist for three months during which time was free from symptoms. The nasal obstruction and epistaxis, however, returned, the hemorrhages became alarming, she suffered extreme weakness from the loss of blood and was seized with repeated attacks of acute suppurative otitis media.

On entrance to the Hospital the following physical signs of importance were as follows: Patient had an exophthalmos more marked on the right than on the left. There was an enlargement of the right lobe of the thyroid. There was a distinct tremor of fine character in both hands. The heart action was rapid with a systolic murmur heard at the aortic area. Blood pressure 175. Hemoglobin 55 per cent. The eye examination was negative except for a slight edema of both discs and a proptosis of 21 in OD and 18 in OS. The patient was a typical mouth breather. The right side of the nose was found completely filled with a soft red spongy like tumor extending back into the nasopharynx. The left side was free from the tumor mass. A section of the neoplasm removed for pathologic examination was reported as follows: Tissue presents character of thyroid adenoma without colloid Large hypertrophic cells line the follicles like those of exophthalmic thyroid. May be misplaced thyroid tissue or thyroid adenoma metastasis. Should be treated as a carcinoma.

Following this report the tumor mass was radically removed under cocaine and adrenalin and the nasal cavity firmly packed with gauze. The following day the packing was removed and during the following ten days that the patient remained in the Hospital, she enjoyed unobstructed nasal respiration and was free from hemorrhage.

The second case, Mrs. P., age 40, entered the Hospital complaining of difficult breathing and hoarseness. She was assigned to the Medical Out Patient Department where the following history was obtained.

Family and personal history of no importance. Present illness began in 1903 following childbirth at which time she noticed a hard tumor mass in the neck associated with a dry hacking cough. Since this time she has never been entirely free from the cough and the swelling in the neck has been slowly but progressingly increasing in size. About six weeks ago she was seized with a severe attack of sore throat associated with chills and fever, difficult respiration, painful and altered phonation and the expectoration of large quantities of mucopurulent secretion mixed with portions of membrane and streaked with bright red blood. Htr condition was diagnosed as diphtheria by her home physician and antitoxin administered. Since this attack she has noticed a progressingly increasing dyspnea and marked alteration of voice. Physical examination in the Medical Clinic revealed a large bilateral goiter. The heart and lungs were negative. Blood pressure 170, systolic, 110 diastolic. Urine showed a trace of albumen. Wassermann negative. She was referred to the Department of Otolaryngology where examination of the throat revealed a large tumor mass of the posterior pharyngeal wall; the anterior convexity extending forward almost to the tip of the epiglottis. The tumor was covered by normal mucous membrane and showed no evidences of ulceration. On palpation it was hard and firm and presented no characteristics of fluctuation. The larynx showed congestion and infiltration of the vocal cords characteristic of a chronic laryngitis. There was no paralysis of the intrinsic laryngeal muscles. The X-ray plate showed an enormous swelling of the retropharyngeal tissues encroaching upon both the nasal and aural pharynx and extending from the level of the second cervical vertebra above downward to the level of the fourth cervical.

Because of the onset history of a severe pharyngitis immediately followed by the difficulty in respiration it was reasonable to assume that we were dealing with a retropharyngeal abscess even though the firm hard character of the mass on palpation failed to substantiate that diagnosis. The posterior pharyngeal wall was aspirated with the result that only a few drops of blood was obtained. The mass was incised at the inferior border when it was found that the knife had penetrated a large new growth. Hemorrhage was profuse. A small piece of tissue removed for pathologic examination was reported as thyroadenoma.

As to the treatment of thyroadenoma, it is the consensus of opinion among surgeons that the metastatic focus should be treated surgically by radical extirpation. Because of its clinical manifestations it is malignant and should be treated as one would treat a carcinoma. In the first case reported, radical removal of the tumor from the nose was possible. In the second case in which the tumor involved the posterior pharyngeal wall, its enormous size, its location and vascularity, made it inaccessable either by external operation, or by surgical interference through the mouth.

Because of the short time in which the patient has been under observation the report of the last case with reference to treatment is in-

complete. We hope to report the therapeutic measures used and results in a later communication to the Society.

DISCUSSION.

Dr. James G. Van Zwaluwenburg: Dr. Furstenber, whether intentionally or inadvertently, failed to read what to me is the most interesting part of my report to him. That which is not so obvious about the plate is the fact that the atlas is very much reduced in heighth; that the head is extended on the neck so that the spinous process of the axis is very much nearer the occiput than ordinarily. Also I thought I could see some irregularities in the body of the axis. You will note this sharp projection, and also the wearing off of the corner below. My idea of this, taken in conjunction with the enormous mass of the tumor, is that this is a Pott's, and the enlargement was secondary to it. I think that if Dr. Furstenberg could look a little more deeply he would probably find that there is an involvement of the bony tissue as well as of the soft tissue of the neck. Personally I cannot see how the soft tissue alone could produce all of this disturbance. There must be destruction of the lateral body of the axis.

Dr. Furstenburg (closing the discussion): From the fact that Dr. Van Zwaluwenburg has shown us a partialogic condition in the atlas, it may be assumed that the thyroid metastasis occurred first in the bone, because it is very rare that thyroid metastasis has occurred in the soft tissues of the body, but it is quite frequently found in the bones, especially the bones of the head, sternum, clavicle, and scapula. For this reason it may be possible that the metastasis occurred to the atlats, and then by extending downward, presented itself in the pharynx.

Phenalgin and Ammonol.—At the time that synthetic chemical drugs were coming into fame and when every manufacturer who launched a new headache mixture claimed to have achieved another triumph in synthetic chemistry, Ammonol and Phenalgin were born and duly christened with chemical formulas. However, one of the first reports of the Council on Pharmacy and Chemistry showed them to be mixtures composed of acetanilid, sodium, bicarbonate and ammonium carbonate. Since then the unwarranted claims made for these preparations have been exposed repeatedly, and the danger of the indiscriminate use of headache mixtures pointed out. Despite the exposure of the methods used in exploiting Ammonol and Phenalgin, one finds just as glaringly false statements made in the advertisements of Phenalgin today as were made in its unsavory past. This would seem to indicate either that physicians have short memories or that they are strangely indifferent to the welfare of their patients, to their own reputation, and to the good name of medicine. (*Jour. A.M.A.*, Feb. 2. 1918, p. 337).

Basy Bread.—This is an asserted obesity cure put out by the Doctors' Essential Food Company, Orange, N. J. The advertising claims are extravagant and typical of other obesity treatment literature. Analyses indicated that in composition Basy Bread was similar to graham bread. Basy Bread sells for $1 a loaf. Dr. Wiley well sums up the case thus: "There is one way in which Basy Bread will reduce, that is, don't eat any of it nor much of it nor much of any other kind." (*Jour. A.M.A.*, Feb. 9, 1918, p. 407).

Absorption and Excretion of Mercury.—It may be regarded as clearly established that, in addition to the kidneys, the stomach may pareicipate in this eliminatory function quite as well as the other portions of the alimentary tract. The occurrence of severe intoxications from the use of mercuric chloride in vaginal douches is likewise recognized. The absorption of mercury through the sound skin has been in dispute. To account for the efficacy of mercurial inunction, the contention has been made that the mercury thus applied is volatilized and absorbed through the lungs in greater part if not entirely. Experiments in the dermatologic laboratories of the Philadelphia Polyclinic leaves little doubt that the skin is an important, perhaps most important path of absorption of mercury applied by inunction. (*Jour. A.M.A.*, Feb. 9, 1918, p. 392).

Fellows' Syrup, and Other Preparations of the Hypophosphites.—An advertisement for Fellows' Syrup Reads: "Fellows' Syrup differs from other preparations of the hypophosphites. Leading clinicians in all parts of the world have long recognized this important fact. Have you? To insure results, prescribe the genuine prescription Syr. Hypophos. Comp. Fellows'. Reject cheap and inefficient substitutes. Reject preparations 'just as good.'" In truth, Fellows' Syrup is not like the better preparations of this type, since after standing it contains a muddy looking deposit that any pharmaceutical tyro would be ashamed of. Examination of the literature used in the exploitation of Fellows' Syrup fails to disclose any evidence to show that it has therapeutic value. Not only is there an entire absence of any evidence of its therapeutic value, but there is an abundance of evidence that the hypophosphites are devoid of any such therapeutic affects as they were formerly reputed to have, and that they are, so far as any effect based on their phosphorus content is concerned, singularly inert. As the result of its investigation of the therapeutic effects of the hypophosphites, the Council on Pharmacy and Chemistry concluded: There is no reliable evidence that they exert a physiologic effect: it has not been demonstrated that they influence any pathologic process; they are not "foods." If they are of any use, that use has never been discovered. (*Jour. A.M.A.*, Feb. 18,, 1918, p. 478).

Sketch of Battle Creek and Camp Custer

The good ship "La Plata," on its regular voyage from Montevideo, had just rounded the Cape of Good Hope and was entering the harbor of Cape Town, South Africa. A young man stood by the rail on the hurricane deck, a marine glass to his eyes, scanning the coast line, harbor, shipping, and getting his first view of the city.

Suddenly he noticed what appeared to be a motor boat in distress. A man stood in the bow waving a piece of white cloth and he seemed to be shouting for help. The young man called the attention of an officer, who also peered through the glass a moment, then hurried up on the bridge. The ship's course was changed and was soon within hailing distance of the small and disabled craft.

"What's the trouble?" shouted an officer through his megaphone.

"Engine's dead; boat's leaking! Been out all night!"

"Where were you bound for?"

"Battle Creek!"

That was enough. The officer knew the exact location of Battle Creek. In fact, he'd been there for treatment; and he knew it was a long, long way for that disabled motor boat and its crew.

Later on the passenger was comfortably seated in the young man's cabin and was surprised to find that both had started for Battle Creek, and on the same mission. "My name is Roger Gibson and my present residence is in Flores, Buenos Ayres. I'm going up to Kimberley on business for a day or two, then return to Cape Town and embark for New York and Battle Creek."

Charles Willard Library.

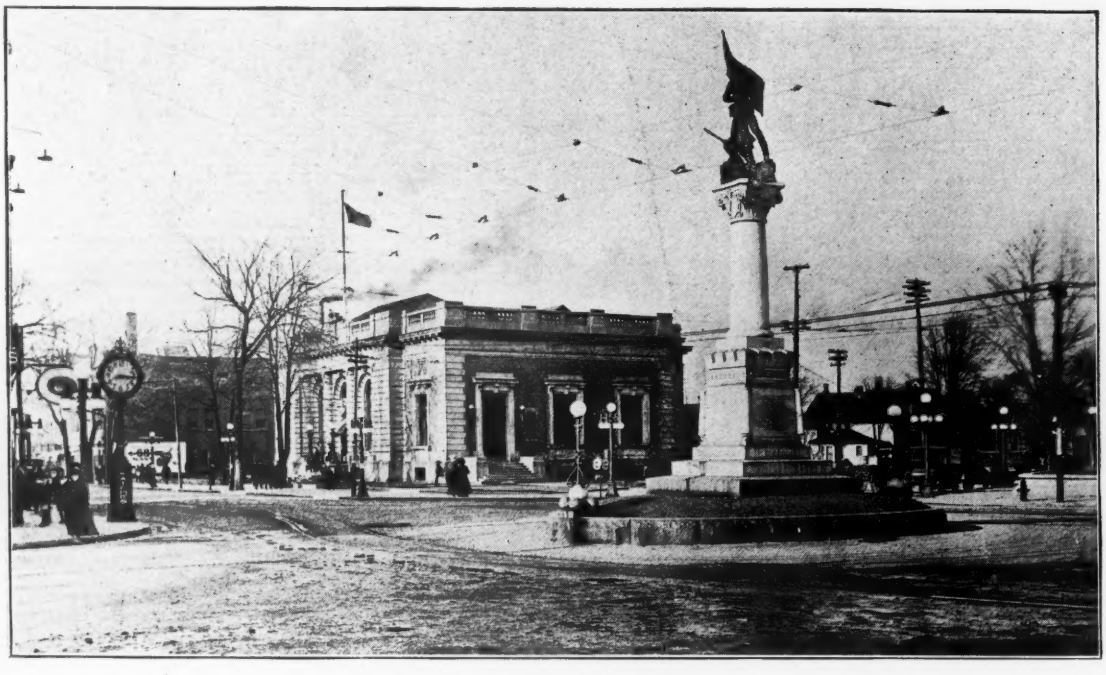
"And my name is Noel Byron. I am an Englishman, in business in Calcutta. My health has been poor for some time, and my wife insisted I should go to Battle Creek for treatment. And so it seems we may be chums on this trip. I'm a motor boat enthusiast, and a friend of mine in Cape Town offered me the use of his craft. But you can see it's a bum outfit from bow to stern."

And that is the way some people start for Battle Creek from all corners of the civilized

world. Some meet on the way, almost before they get fairly started, and get quite chummy over what they will see, do and hear, when they arrive at their destination. Others sit on the same seat, and sleep in the same cabin, all the way from Timbuctu or Vladivostok, and never get on good speaking terms, though both get off the same train at the great American "food city."

And so Battle Creek has quite a reputation, even to the uttermost parts of the earth. Advertising, and "delivering the goods," have done it. The city itself may not be any more attractive than some other resorts. It has no bathing beach and "board walk," like some seaport watering places, but it gives more baths to the square inch than almost any other inland bath town in the country.

City Hall, Soldiers' Monument and First M. E. Church.



Post Office and Soldiers' Monument.

It is a healthy place to live. Whether this is because of the Sanitarium; the immense food factories; and also, because there is a goodly bunch of high-grade physicians and surgeons driving motor cars daily on nearly every street in the city, accompanied by genuine leather

cases full of drugs and highly polished surgical instruments; or whether it is more or less in spite of all these things, we must leave to the coroner's jury and court of last resort.

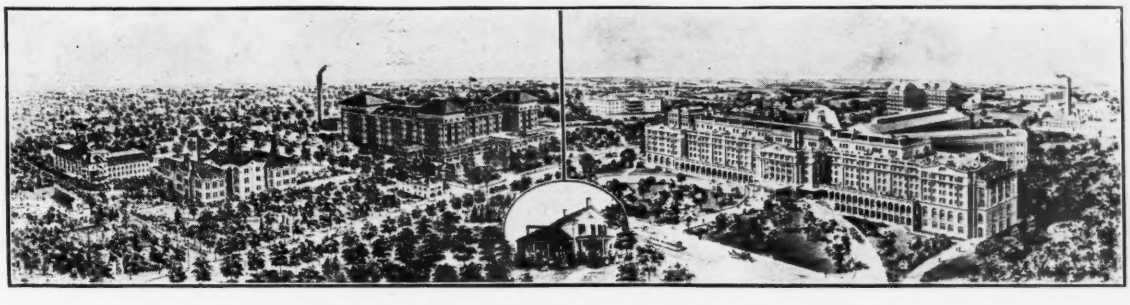
The stranger entering Battle Creek these days is surprised to find such crowds around

Post Tavern, showing Bridge to Post Building. Headquarters.

the railway stations. Men in khaki uniforms are everywhere. Soldiers get off and get on every train and interurban car that enters the city, day and night. If you are going to the Sanitarium you will find runners and porters looking for you as soon as you step on the station platform. If you are a visitor, a tourist, on business, or if you rode in on the bumper of the blind baggage train, you will be properly received before you go many steps. Everybody who comes to Battle Creek these days is well looked after directly he lands at either railway station.

SANITARIUM.

The visitor for the first time in the city always looks up the big Sanitarium. It occupies a commanding site on the big hill northwest of the business section. The main building astonishes even those who have read the booklets of the institution and seen the many pictures illustrating the various departments, methods of treatment and bath equipment. The next inquiry is for Dr. Kellog. The man who has built up such a wonderful institution and equipment, and written so many books and articles on health and the human body, must be a big man, indeed. And so the visitor looks at every six-footer who wear his clothes like a



Battle Creek Sanitarium, Annex and Laboratories and Hospital.

king, parts his hair in the middle, whose Prince Albert coat is black as midnight, shoes ditto, and who sports a big diamond; surely such a man must be the high chief boss of the whole plant.

But alas, and alack! and also how agreeably surprising is the discovery that Dr. Kellogg is more concentrated in form and bulk than had been imagined. And, instead of black being the color scheme of his exterior, everything from his hat to his shoe tips is white or old ivory. Even his overcoat is light color. Out in the deep snow the Doctor's camouflage suit would deceive even the old Kaiser's field glass fitted with a color screen.

Nichols' Memorial Hospital with Roger Davis Annex.

INDUSTRIES.

The immense food factories attract the attention of the passengers on the incoming trains. The Postum Cereal and Kellogg's are the largest, run night and day the year round, and employ many hundreds of men, women and girls. The immaculate neatness of everything connected with the handling of materials and manufacture of foods ready to ship, surprises and pleases the visitor. Hardly a city or village in any civilized country on the globe but what has packages of these Battle Creek foods for sale in stores, hotels and restaurants.

The threshing machine factories are among the largest in the world. Nichols & Shepard started before the Civil war, and are now doing more business than ever before. The Advance-Rumely plant covers many acres on the west side of the city, and manufacture a large variety of farm machinery, including light and heavy gas tractors and steam engines.

Over on the hill east of the business section stands a little old barn. It is nearly three-quarters of a century old, outlived its usefulness as a horse stable or hay loft, but it is under guard night and day, kept painted white, and is pointed out to visitors by good citizens as one of the greatest things that ever happened to Battle Creek. In that old barn C. W. Post made up the first of his food and drink that has, in the years since then, walked and talked in the forms of millions of human beings over the entire civilized globe. What happened in that old barn has helped to build the wonderful Post Tavern, Post office building, Post Theater, Post garage, thousands of homes in the city, as well as the immense food manufacturing plant at Postumville. In other cities, and in other lands far distant, that little old barn and the owner thereof, has built up many thousands of acres of fine farms, business enterprises and country homes that are worth millions in coin of the realm.

One of the very first really successful steam

pumps was invented in Battle Creek. It was perfected and afterwards manufactured in a foundry and machine shop that later on developed into the American Steam Pump Company. And the many varieties of steam pumps manufactured by that company now are made on the same spot where one of the original pumps was made. Elon A. Marsh finally perfected the double acting pump, and Foster M. Metcalf worked out the first piston rings whereby the loss from leakage of steam pressure was largely obviated.

Battle Creek now is known all over the world as the leading steam pump city, and all sizes are made for any purpose desired. The business has grown by degrees until the three big factories of the city are behind their orders from far and near. The Union Steam Pump Company is located on the south side of the business section and is an immense plant. The company sends steam pumps into every country on the face of the earth. It has been crowded to its utmost capacity and obliged to add more buildings to house additional machinery, material and workmen. The Advance Pump and Compressor Company came into the field later on and has had all the business it could possibly handle. All three factories are prosperous and their business is constantly increasing.

The Duplex Printing Press Company flatbed, rotary and tubular presses have been going into the large and small newspaper offices all over the civilized world. The idea started in Battle Creek about twenty-five years ago and the big factory makes a complete line covering the whole field of newspaper perfecting presses. The addition of the rotary machines has placed the presses in the big metropolitan newspaper plants of the largest cities in this country, Europe, Australia and Africa.

TRANSPORTATION.

No city between Detroit and Chicago has such good transportation facilities, being on the main line of the Michigan Central and Grand Trunk railways, both double track roads. And this was one of the important conditions considered in locating the Michigan-Wisconsin military cantonment at Battle Creek. The Michigan Railway electric interurban lines further perfect transportation in every direction from the city.

Automobile tourists coming into and passing through Battle Creek will find plenty of room for storage and repairs in the garages. One of the largest and finest in the state, and recently completed, is the Post Tavern Garage. It will store over 150 cars. Others are the American Motor, Independent, Henry L. Phillips and United Motors Company, all of which have large storage for cars by the day or week.

GOVERNMENT.

Battle Creek is governed by a city commission and its present mayor is a laboring man. It has a large and magnificent city hall. Its fire department is called one of the best, for a city of 40,000 inhabitants, there is in the United States. All four fire stations are models of the kind and fully equipped with motor-powered fire-fighting vehicles of the latest and best

Masonic Temple.

design of construction. In no city are the runs of these fire machines to fires watched by larger and more admiring crowds along the business streets.

This city was one of the first to install ornamental lamp posts of large and attractive design, thickly planted along both sides of the main streets, with five large globe cluster electric lights atop each post. Four small flags are inserted in the upper frame work on special and patriotic occasions. At times during each growing season foliage and flowering plants grow in boxes underneath the lamps and beautify the entire street section, and instantly attract the admiration of visitors and passing motor car tourists.

PUBLIC BUILDINGS.

Numerous public buildings and churches have been built in recent years. The Masonic temple, Willard library, Methodist, Congregational and Catholic churches, and the recently completed Y. W. C. A. building, are large and fine structures and centrally located.

CAMP CUSTER.

But the greatest attractions in and around Battle Creek at present are the soldiers boys in their khaki uniforms. Camp Custer is but a short distance west of the city limits and contains over 2,000 separate structures, all built within four months' time.

Camp Custer cantonment barracks are built on the site of an old village called Harmonia. But a very few of the old structures were left when the cantonment started. The old church, the first Sunday following the report of the probable location of the Michigan-Wisconsin cantonment there, was filled with farmers of the village and neighborhood. They were opposed to having their farms taken away from them and voted to resist the invasion. The picture shows the old church and vehicles outside during this historical meeting, and the last one in the building. It has stood there for nearly three-quarters of a century. This structure was not demolished, like many others thereabouts, and is now daily used as an automatic rifle school by the ordnance department.

Harmonia farmers meeting in their old church on first Sunday in June. Instead of a religious service, they met to vote against the Camp invasion.

About 1850 the village of Harmonia was started by a number of families on the level and high ground located about four miles west of the center of the present business section of Battle Creek. It was in those days referred to as the "Harmonia Community" and controlled by a bunch of Spiritualists and Quakers who had advanced, or stepped aside, from the regular beliefs and practices of members in good standing in both denominations. Some of the farmers in the surrounding neighborhood called it a "free love" community, and one of them said that, "On a clear day one could stand on the hill by the cemetery and count thirteen homes broken up by the community."

About 1854 Hiram Cornell started what was called the Bedford Harmonial Seminary. This stood at the northwest corner of Center and First streets, and was, by some of the early settlers reports, 100 x 200 feet, and four stories high. The upper portion was demolished by a wind storm and it was later reroofed as a two-story building. The Cornells planned to make a great school for the boys and girls of their sect in this seminary and Harmonia was to be the national headquarters. Dr. Haskell came later from Illinois and joined the society. He laid out plans for a manual training school, the farms near by, now occupied by the many hundreds of army barracks, to be used for this development work. There is no doubt but that the first actual work in manual training in Michigan started in Harmonia. Across the street from the seminary was a large dormitory, later called "The Bandbox." At certain times there were from two to three hundred in attendance at the meetings and school, coming from all parts of the country and from "down east." When the village was platted there were 80 acres laid out in lots, and during the following ten years over fifty homes and farm houses were built. When the cantonment construction commenced nearly all the structures had disappeared. One picture shown herewith reveals the location of the seminary and dormitory where the automobile and tree stands. This Harmonia village center has all disappeared.

The exact center of the old Village of Harmonia. All disappeared except the barn on right side. The auto and tree stand on the site of the Harmonial Institute and the Dormitory.

with the exception of the old barn at the right.

Many stories of this community could be told, but space forbids. Dissensions finally broke up the cult. Instead of being harmonious, as the name implied, there were jealousies and bitter quarrels, as was natural under such a form of life. At one time a prominent United States senator from New York suddenly disappeared from Washington, and was later found living in complete obscurity in Harmonia. Later on he died there, and it was some time before his family knew what had become of his body.

Sojourner Truth, one of the most noted colored women in the United States, was prevailed upon by some friends whom she knew in New York State, where she was born a slave, and later given her freedom, to go to Harmonia to live. She was never able to read or write, but was gifted with a highly developed spiritual nature, keen intelligence, aptness of expression and a style of eloquence that attracted instant attention whenever and wherever she spoke. During and after the Civil war she had a national reputation as a lecturer on temperance and anti-slavery topics, and was a warm personal friend of President Abraham Lincoln.

So Sojourner bought a lot in Harmonia and built a small one-story house thereon. She supposed she was getting in with some devoutly spiritual folks, but later found there was too much cat-and-dog fighting to suit her ideas of things. She slipped out at the first good opportunity and made her home in Battle Creek until she died at the age of nearly 100 years.

The Most Noted Rural School House in Michigan. In this room Camp Custer Soldiers are taught how to set up and operate a machine gun to kill the Germans.

After the seminary burned down a district school was built by the farmers and villagers who remained, and following the death or departure of the community cult, and this building has been saved by the federal government. For nearly half a century farmer boys and girls attended this school, and the writer taught his first term therein. The house is well preserved, and probably is the only rural school room in Michigan that was ever used by the United States war department to give lessons in hand-

The last class to recite in the old school house was one of four boys of General Geo. Custer's Brigade.

ling and firing machine guns. The sign over the front door now reads "Machine Gun School. Ordnance Department."

The last civil class that recited in that old school house consisted of four old boys in Gen. Custer's old brigade. They are called the "Red necktie boys," and held their last annual convention in Battle Creek. The writer carried them in his car to see Camp Custer, where they were saluted by every soldier who met them in the camp. Then we took them over to this old school and lined them up on the floor in front of the blackboard. Each one had an old Sanders' Fourth Reader, of the vintage of 1860. While they were reading an old patriotic piece we took the accompanying picture. In the years to come this will be a noted historical scene, and of the few and rare ones of the early days of Camp Custer.

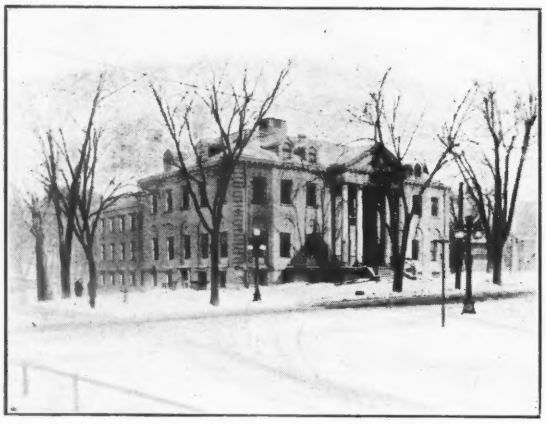
This old school house stands near the center circle of the camp and several buildings have been constructed near by. A fine farm house a few rods west is used as the home and official headquarters of the commanding general. Major General Parker is the third commander since the camp was organized. Near the circle and old school is the big theater, seating about 4,000. An immense gymnasium will be constructed this spring. The 125-foot flag staff stands in the center of the circle.

The Y huts of the Y. M. C. A., seven of them, furnish many of the little things associated with the home life the boys left behind.

In those buildings, always warm, and provided with writing material, reading matter, phonographs, games, stage and moving picture out-

Michigan-Wisconsin Y. M. C. A. officials in charge of Camp Custer and their Administration Building.

fits, there is always a crowd when the boys are not busy with the daily camp routine outside.



New Y. M. C. A. Home—just completed.

The large Y. M. C. A. auditorium seats over 3,000, and lectures, band concerts, drills, etc.

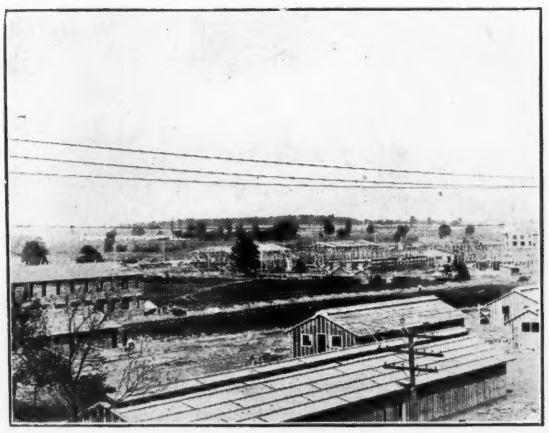
Going Over the Top into Camp Custer on the fine concrete asphalt road from Battle Creek.

are held nearly every evening in the week.

The concrete road from Battle Creek to Camp Custer was completed just as winter set in. Outside the city limits the concrete is surfaced with asphalt. This road is lined with vehicles, going and coming, every minute almost, day and night. One or two more roads will be completed as soon as possible during the coming summer.

First View of Camp Custer to the boys going over the top into the Receiving Station.

The barracks section of the camp is located on the high and comparatively level ground. The east end thereof is rolling, and one picture shows the construction of the sleeping and dining barracks, two stories high, on the ground just as it originally laid. The company streets look rough and impassable in the picture, but have since been graded and graveled. The main street, the whole length of the camp, is of concrete. A drive in a motor car from the center



Camp Custer barracks under construction.

of the city to the extreme west end of the camp is over eight miles of the finest kind of pavement. The base hospital is located at the west end of the barracks section and on the shore of Eagle lake.

One picture shows a section of the hilly country on the north side of the camp. A better

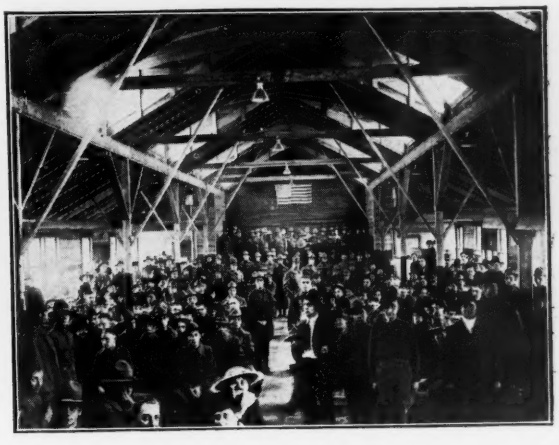
location for an ideal battle ground could not be found anywhere. The view reminds the writer of one section of Gettysburg battle field.

Room is at a premium in the Y Huts some evenings. Boys use the floor to play games of checkers.

A typical picture, taken in one of the Y huts, shows how the recruits readily adapted themselves to their new surroundings. They gather in groups on the floor to play checkers when all the tables and benches are occupied. The boys are always delighted to have their pictures taken in any kind of a group or scene denoting action.

Camp Custer has accommodations for about 40,000 men. The barracks in time will be made more permanent, provided compulsory military training is adopted by the government.

During the coming summer many hundreds



In a "Y Hut." Soldier boys anxious to have their pictures taken.

of thousands of friends and relatives of the soldiers, motor tourists, etc., will come to Battle Creek to visit the wonderful training camp, and it will be a revelation to all who see it for the first time. Its magnitude, quick construction, and the spectacle of recruits drilling on the hundreds of open spaces on the cantonment grounds, impresses the observer. For the first time many are thrilled and aroused to the highest degree of patriotism, and war and all its horrors are realized as never before.

Calhoun County Medical Society. Historical Sketch

CALHOUN COUNTY MEDICAL SOCIETY HISTORICAL SKETCH.

By W. H. Haughey, M.D.

Sometime during the year 1876 a group of earnest devoted medical men, fourteen in number, from Calhoun County, met at Albion, organized and formed what they named the Calhoun County Medical Association, thus they gave voice to their protest to the numerous isms, that at the time were rampant in the land and proclaimed to the public their faith and their confidence in the righteousness of scientific medicine.

Quackery by its blatant praise of self and loud condemnation of everything regular, had sown the seeds of doubt in the minds of many as to the value of the services of the less insistent and more modest scientific practitioner, and a membership in the County Society not infrequently carried with it the loss of some practice and some fees.

Nevertheless those earnest patriotic men, confident in the justice of their cause and secure in the knowledge of right and their profession, stood faithfully by their Association guiding its infant progress through shoals and shallows, avoiding torrents and deeper pools where numerous earlier efforts had found untimely graves and now rested in unhallowed oblivion. Gradually the Association grew. The work of its members speaking for their ability. The rectitude of their lives gaining for them the confidence of the people, until soon a membership in the Calhoun County Medical Association not only secured for the individual entree to

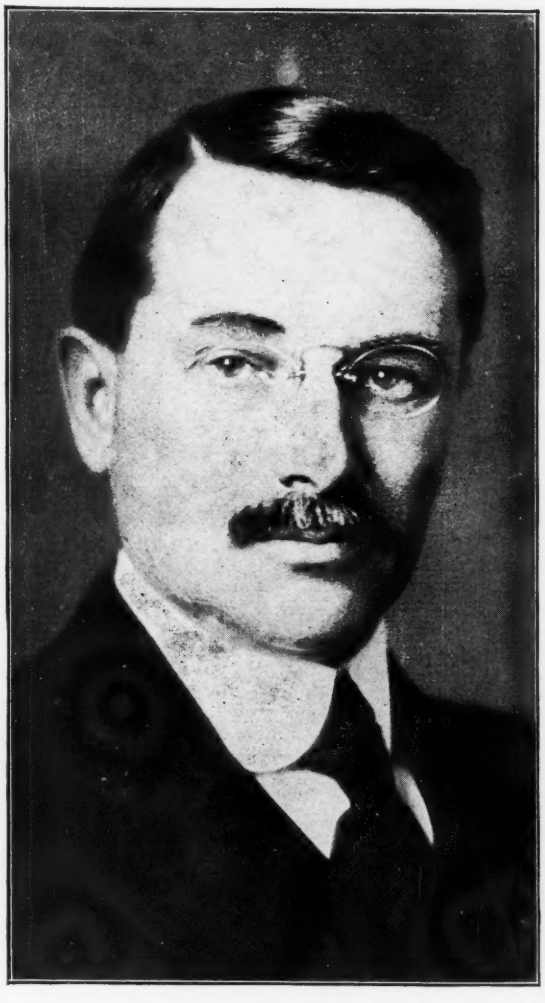
professional circles, but established his position in society, integrity as a man and standing in the community.

Even so, all was not clear sailing. Dissensions from within and attacks from without were encountered, withstood, combated or ignored. The sparsely settled country and widely separated places of meeting rendered impossible frequent gatherings which no doubt marked for good and permanence of the Association because when they did meet those wise and determined founders stood resolutely by their scientific program, ignoring and frowning whenever possible upon all disturbing dissensious elements; thus were many grievances allowed to smoulder and die that better oxygenated would have resulted in an inextinguishable conflagration. But "The best laid schemes o' mice an' men, Gang aft a-gley," as time passed and older workers dropped out, their places were not always filled by those who possessed equal tolerance for human frailty and weakness. Meetings were not regularly held. Memberships lapsed until often when meetings were called scarcely a quorum would be present.

The Association now approaching its twentieth anniversary with its original or charter members all deceased or away, represented by a newer elements actuated by different ideas, was in the most critical period of its existence. The writer well remembers one meeting called at Albion when he was to read the paper, the sole one that formed the program for the occasion. Two doctors from Battle Creek accompanied him to discuss the subject, arrived at Albion; not another doctor from the entire county was present. The police of the town were requisitioned and sent out to rustle in an audience from the Albion profession. Result, one single representative from Albion was secured. To this audience of three the writer read his paper. We then adjourned, went out to a secluded spot on the river and went in swimming. This cooled us off sufficiently to return home and calmly think the matter over. The result of these cogitations was the formation of a local society in Battle Creek, The Battle Creek Academy of Medicine. Quite naturally Marshall and Albion followed suit and soon each had its Local Academy of Medicine; each independent of the other and of the County Association.

In this dilemma a meeting of the County Association was called to assemble in Battle Creek. At this meeting a bare quorum, mostly Battle Creek members were present and the principal business transacted was to pass a resolution to disband the county organization and pin our faith to the Local Academies. Not being able to prevent this vote the writer voted in the affirmative and immediately offered a resolution to rescind and call a joint meeting of the chairmen and secretaries of the Local Academies to devise ways and means to continue the county organization.

At the meeting which followed, it was brought out that the Association had been organized



CHAS. E. STEWART, M.D., President.
Calhoun County Society.

just twenty years lacking two months. We at once determined to call a grand rally at Albion, celebrate the 20th anniversary with a big banquet and post-prandial program; have our wives and lady friends present and inspire new enthusiasm into the Association. All this without one dollar in the treasury to work on. To the writer fell the task of rounding up the charter members, have them or a report from them present, and to secure funds to defray all expenses. The latter, not a difficult task, as every one approached cheerfully pledged his

quota, but the rounding up of charter members require more effort. However all were accounted for. Half were dead. Of the other half two were at the banquet and the rest represented by personal letter or telegram. The Albion members, through the generosity of Dr. Frank Palmer, donated the banquet which was held at Dr. Palmer's residence and no one had to redeem his pledge.

The success of our program was so great that we determined to establish the banquet as an

A. F. KINGSLEY, M.D. Secretary.
Calhoun County Society.

annual affair and always have the ladies present. Our meetings now grew in interest and attendance. Large numbers responded to every call; new members were constantly added, and interest has never waned since.

Some new meeting places were added to our list and Ceresco became a favorable rendezvous for the June meeting. There enjoying the hospitality of our member, Dr. Gubbins, and the shade of the live oaks on his beautiful lawn, treated to a delectable feast prepared and served by the ardent villagers from the ambrosia of the soil; lasting memories were implanted in the hearts of many who fervently wish long life and happiness not only to our member, Dr. Gubbins, who annually extended invitation, but to his co-entertainers, the villagers who by their willingness and their efforts contributed so generously to our pleasure as their guests, making of these meetings a memory that is good to keep with us.

At the time of reorganization of the State Society in 1902, the Calhoun County Medical Association comprised in its membership every eligible practitioner in the county and many from adjoining counties, being probably the best organized society in the state with a possible exception of two, Wayne and Kalamazoo. It was then in position to compete for and secure Charter No. 1, a great honor ardently coveted by several counties, notably Wayne who cheerfully, however, conceded it to Calhoun and acknowledged her right, because of her more prompt compliance with the requirements for securing charter. The name, The Calhoun County Medical Association now became The Calhoun County Medical Society to comply with the uniformity of names desired by the State Society.

In 1901 the Calhoun County Medical Association entertained the State Society at Battle Creek and maintained its record for rugged honesty by returning to the treasury of the State Society a residue of $40.00 of the receipts from exhibitors after expenses of meeting and entertainments had been met.

The programs of the Calhoun County Medical Association were generally of high order and scientific worth. Before it on numerous occasions have appeared men of state and nation-wide reputation. Its members always took active interest and programs compared favorably in scientific value with those of other societies of the period. It has furnished from its members two presidents to the State Society, one secretary and editor of the *Journal* for a term of three years, and since the reorganization, the councilor for the 4th district, and the secretary of the council for the first ten years. It was two members of the Calhoun County Medical Association, Drs. Frank J. Otis and Newton G. Evans of the Battle Creek Sanitarium, who developed, described and demonstrated the Blastomycetes before a committee of the American Medical Association at New Orleans and received a $500.00 prize from the American Medical Association for their contribution to scientific knowledge.

When the State Medical Society found it desirable to become incorporated it was a member of the Calhoun County Medical Society that was intrusted with that important work. Soon after which the County Society affected its own incorporation on April 30th, 1906, and has since transacted its affairs as an incorporated body.

After incorporation the affairs of the Society preceded without interruption, and the efficiency was improved. Quarterly meetings were the order with the fourth meeting of each year being the election of officers, and the event terminated with a banquet, to which function the ladies were invited.

In 1914 a need for more frequent meetings was felt and the holding of extra scientific meetings was tried out. This worked so satisfactorily that an amendment to the By-Laws was adopted, providing for monthly meetings except during July and August of each year, and this is the order at the present time. The time of meeting which had formerly been in the afternoon of eacd meeting day was changed to the evening, and increased attendance and interest have proven the wisdom of this change.

The Bulletin was launched as the official organ of the Society in April, 1914, and from that date has appeared regularly preceding each meeting to announce the program, and to carry items of interest to the members. At first the expense of the Bulletin was defrayed by the sale of advertising space, but soon it became necessary to use the entire space for ourselves, and for the past three years the expense of the Bulletin has been met from the general fund.

At the time of entrance of our Country into the present war the members of our Society were very prompt in responding to the call, and at present time we have had commissions to the number of sixteen awarded to members of our Society. Major James T. Case and Capt. Wilfrid Haughey are at the present time serving in France, while several other members are doing equally valiant service for their Country in other locations.

The Calhoun County Medical Society is particularly grateful for the opportunity to serve as host at this time, and pledges herself to put forth every effort to make the stay of her guests both pleasant and profitable.

Program of the 53d Annual Meeting of the Michigan State Medical Society at Battle Creek May 7-8-9, 1918

Meeting Place, Masonic Temple. Headquarters, The Tavern

THE COUNCIL.

Chairman—William T. Dodge, Big Rapids.
Secretary—Frederick C. Warnshuis, Grand Rapids.

MEETING.

Tuesday, May 7, 5:30 P. M.—The Tavern.
Wednesday, May 8, 12:00 M.—Masonic Temple
Thursday, May 9, 12:00 M.—Camp Custer.

HOUSE OF DELEGATES.

President—Andrew P. Biddle, Detroit.
Secretary—Frederick C. Warnshuis, Grand Rapids.

FIRST SESSION.

Tuesday, May 7th. The Bridge—The Tavern.
Time: 7:45 P. M. Sharp.

ORDER OF BUSINESS:

1. Call to order.
2. Roll call.
3. Reading minutes of last meeting.
4. Report of the Council. W. T. Dodge, Chairman.
5. Report of Committee on Legislation and Public Policy. A. M. Hume, Owosso.
6. Report of Committee on Medical Education. A. M. Barrett, Ann Arbor.
7. Report of Delegates to American Medical Association. Guy L. Connor, Detroit.
8. Report of Committee on Venereal Prophylaxis H. W. Plaggemeyer, Detroit.
9. Report of Committee on Tuberculosis. A. F. Fischer, Hancock.
10. Report of Committee on Public Health Legislation. John L. Burkhart, Big Rapids.
11. Report of Committee on Civic and Industrial Relations. Reuben Peterson, Ann Arbor.
12. Election of Committee on Nominations. The duty of this Committee is to nominate: (a). First, Second, Third and Fourth Vice-Presidents.

(b). Three Delegates and Alternate Delegates to American Medical Ass'n.

(c). Councillors for:

2d District—A. E. Bulson—Term expires.

4th District—A. H. Rockwell—Term expires.

5th District—W J. DuBois—Term expires.

7th District—W. J. Kay—Term expires.

8th District—A. L. Seeley—Term expires.

9th District—B. H. McMullen—Term expries.

10th District—C. H. Baker—Term expires.

12th District—R. S. Buckland—Term expires.

14th District—C. T. Southworth—Term expires.

(d). To select place for 1919 Annual Meeting.

(No two members on the nominating committee shall be from the same Councilor District.)

13. Appointment of Business Committee. By the President.

14. New Business.

SECOND SESSION.

Masonic Temple, Wednesday Morning, May 8th, 8:00 A. M. Sharp.

1. Roll call.
2. Reading minutes.
3. Report of Committees.
   (a). Business.
   (b). Appointed Committees.
   (c). Committee on Nominations.
4. Election of Nominees.
5. Unfinished Business.
6. Miscellaneous Business.
7. Adjournment *Sine Die*.

HOUSE OF DELEGATES.

Delegates and Alternates.

NOTE—The black-face type that of the Delegate; the light-face type that of the Alternate.

ALPENA—Branch No. 48

E. E. McKnight, Alpena.
J. D. Dunlop, Alpena.

ANTRIM-CHARLEVOIX-EMMET—Branch No. 41

BARRY—Branch No. 26

BAY-ARENAC—IOSCO—Branch No. 4

W. G. Kelly and J. C. Grosjean, both Bay City.
J. McLurg and C. H. Baker, both Bay City.

BENZIE—Branch No. 59

BERRIEN—Branch No. 50

BRANCH—Branch No. 9

W. S. Shipp, Battle Creek, and G. B. Gesner, D. H. Wood, Coldwater.

CALHOUN—Branch No. 1

W. L. Godfrey, Battle Creek, and E. L. Parmeter, Albion.
W. H. Baldwin, Coldwater.
Marshall.

CASS—Branch No. 36

CHEBOYGAN—Branch No. 58

CHIPPEWA-LUCE-MACKINAW—Branch No. 35

CLINTON—Branch No. 39

J. E. Taylor, Ovid.
H. D. Squair, St. Johns.

DELTA—Branch No. 38

DICKINSON-IRON—Branch No. 56

EATON—Branch No. 10

F. J. Knight, Charlotte.
J. D. McEachran, Vermontville.

GENESEE—Branch No. 24

J. C. Benson, Flint.
C. H. O'Neil, Flint.

GOGEBIC—Branch No. 52

L. O. Houghten, Ironwood.
W. E. Tew, Bessimer.

GRAND-TRAVERSE-LEELANAU—Branch No. 18

G. M. Johnson, Traverse City.

GRATIOT-ISABELLA-CLARE—Branch No. 25

S. E. Gardiner, Mt. Pleasant.
C. T. Pankhurst, North Star.

HILLSDALE—Branch No. 3

HOUGHTON-BARAGA-KEWEENAW—Branch No. 7

W. H. Dodge, Hancock.
J. E. Scallon, Hancock.

HURON—Branch No. 47

S. B. Young, Caseville.

INGHAM—Branch No. 40

Freeman A. Jones, Lansing.
O. H. Freeland, Mason.

IONIA—Branch No. 16

JACKSON—Branch No. 27

G. A. Seybold, Jackson.
M. S. Vaughan, Jackson.

KALAMAZOO-VAN BUREN-ALLEGAN—Branch No. 64

KENT—Branch No. 49

J. D. Brook, Grandville.
C. C. Slemons, Grand Rapids.
H. J. Pyle, Grand Rapids.
W. H. Veenboer, Grand Rapids.
C. W. Brayman, Cedar Springs.
A. Nyland, Grand Rapids.

LAPEER—Branch No. 23

Dr. Chester, Emmett.
Dr. Heavenrich, Port Huron.

LENAWEE—Branch No. 51

LIVINGSTON—Branch No. 6

MACOMB—Branch No. 48

MANISTEE—Branch No. 19

MARQUETTE-ALGER—Branch No. 28

A. W. Hornbogen, Marquette.
R. A. Burke, Diorite.

MASON—Branch No. 17

MECOSTA—Branch No. 8

J. B. Campbell, Stanwood.
B. F. Franklin, Millbrook.

MENOMINEE—Branch No. 55

MIDLAND—Branch No. 43

MONROE—Branch No. 15

V. Sisung, Monroe.
W. F. Acker, Monroe.

MONTCALM—Branch No. 13

MUSKEGON—Branch No. 61

F. B. Marshall, Muskegon.
J. M. J. Hotvedt, Muskegon.

NEWAYGO—Branch No. 50

OAKLAND—Branch No. 3

OCEANA—Branch No. 67

O. M. C. O. R. O.—Branch No. 11

ONTONAGON—Branch No. 66

OSCEOLA-LAKE—Branch No. 30

OTTAWA—Branch No. 32

J. J. Mersen, Holland
J. DePree, Zeeland.

PRESQUE ISLE—Branch No. 63

SAGINAW—Branch No. 14

T. M. Williamson. Saginaw.
M. D. Ryan, Saginaw.

SANILAC—Branch No. 20

J. F. Waltz, Brown City.
W. G. Campbell, Brown City.

SCHOOLCRAFT—Branch No. 57

D. W. Ross, Manistique.
E. R. Wescott, Manistique.

SHIAWASSEE—Branch No. 33

W. E. Ward, Owosso.

ST. CLAIR—Branch No. 45

ST. JOSEPH—Branch No. 29

TRI COUNTY—Branch No. 62

TUSCOLA—Branch No. 44

WASHTENAW—Branch No. 42

WAYNE—Branch No. 2

R. C. Andries, Detroit.
James A. MacMillan, Detroit.

Frank A. Starkey, Detroit.
James E. Davis, Detroit.
A. W. Ives, Detroit
George C. Chene, Detroit.
Joseph H. Andries, Detroit.
Harry Pepper, Detroit.
R. C. Clark, Detroit.
R. C. Jamieson, Detroit.
R. E. Loucks, Detroit.
Harold Wilson, Detroit.
Walter J. Wilson, Jr., Detroit.
James Cleland, Jr., Detroit.
Leonard F. C. Wendt, Detroit.
Charles D. Aaron, Detroit.
C. E. Simpson, Detroit.
Frank B. MacMullen, Detroit.
G. W. Wagner, Detroit.
J. W. Cunningham, Detroit.
C. H. Stiles, Detroit.
C. D. Brooks, Detroit.
John T. Watkins, Detroit.
D. M. Campbell, Detroit.
W. A. Defnet, Detroit.
Wm. C. Lawrence, Detroit.
Harry E. Dibble, Detroit.
David Inglis, Detroit.
Rollin H. Stevens, Detroit.
Worth Ross, Detroit.
H. Wellington Yates, Detroit.
Guy Connor, Detroit.

GENERAL MEETING

Masonic Temple Auditorium, Wednesday, May 8th at 9:45 A. M.

President—Andrew P. Biddle, Detroit.
Secretary—Fred'k C. Warnshuis, Grand Rapids.

1. Call to Order.
2. Invocation.
   F. H. Clapp, Pastor
   First Methodist Church, Battle Creek.
3. Address of Welcome.
   Mr. W. J. Smith, Battle Creek.
4. Address of Welcome.
   Charles E. Stewart, Battle Creek,
   President Calhoun County Medical Society.
5. Response.
   President, Andrew P. Biddle, Detroit.
6. Report of House of Delegates and Announcements.
   The Secretary.
7. President's Annual Address.
   Andrew P. Biddle, Detroit.
8. Address. (To be announced).
9. Address . (To be announced).
10. Miscellaneous Business.
11. Nominations for President 1918-19.
13. Adjournment.

SECOND SESSION.

Camp Custer, Mess Tent, 12 M.

1. Report of House of Delegates.
   The Secretary.
2. Announcement of Ballot for President.
3. Introduction of President 1918-19.
4. Resolutions.
5. Adjournment *Sine Die.*

PATRIOTIC MEETING

Opera House, Wednesday Evening, May 8th, 7:00 P. M.

ADMISSION BY RESERVED TICKETS ONLY

1. Band Concert—7 to 8 P. M.—Camp Custer Military Band—100 Pieces.
2. The Star Spangled Banner.
   Audience and Band.
3. Convocational.
   President Andrew P. Biddle.
4. "The National Cantonment."
   General Kennedy, Commander Camp Custer
5. "Camp Custer."
   Lt.-Col. C. J. Bartlett,
   Division Surgeon, Camp Custer.
6. "Nine Months with our Boys in France."
   Rev. Alfred W. Wishart, Grand Rapids.
7. "Experiences with Medical Officers in France and Italy." (Lantern slides).
   James W. Inches, M.D., Detroit.
8. "On Duty Overseas."
   (Speaker to be announced).
9. Adjournment.

SECTION MEETINGS.

General Note: All the Sections will meet in the Masonic Temple. Meetings convene at 1:30 p. m. Section meetings will be held only on

Wednesday Afternoon.

SECTION PROGRAMS.

SECTION ON GENERAL MEDICINE.

Wednesday Afternoon, May 8, 1918, at 1:45 P. M.

Chairman—**Walter J. Wilson, Jr. Detroit.**
Secretary—**W. H. Enders, Jackson.**

1. Chairman's Address.
   Diseases of the Aorta. (Illustrated by lantern slides).
   Dr. Walter J. Wilson, Detroit.
   a. Aortic Stenosis.
   b. Aortic Regurgitation, Specific and Non-Specific
   c. Aortitis, Specific and Non-specific.
   d. Aortic Aneurysm.

2. The Clinical Application of Electrocardiography.
Dr. George E. Fahr, Ann Arbor.
3. Treatment of Nephritis.
Dr. Jas. H. Dempster, Detroit.
   a. The Importance of Diet—low protein.
   b. Uselessness of Diuretic Drugs.
   c. Treatment of Acidosis.
4. Early Diagnosis of Tuberculosis.
Dr. J. L. Chester, Emmett.
5. Diagnosis and Complications of Typhoid Fever.
Dr. E. W. Haass, Detroit.
   a. Diagnosis and complications of typhoid fever.
   b. The Clinic.
   c. Value of laboratory aid, especially Widal reaction, blood counts and cultures.
   d. In differential diagnosis most difficulty is encountered from colon infections, acute miliary tuberculosis, malignant endocarditis and meningitis, and rarely from genuine influenza.
   e. The differentiation of typhoid from the paratyphoid groups is of value from the standpoint of prognosis.
   f. Most important complications are those of perforation hemorrhage and gall-bladder infection.
6. Organization of a City Health Department.
Dr. C. G. Parnall, Jackson.
7. Pathology of the Common Diseases of the Cord. (Lantern demonstration).
Dr. Frank R. Starkey, Detroit.
8. Lipodystrophia Progressiva.
Dr. Blanch N. Epler, Kalamazoo.
   a. Rarity.
   b. Pathology.
   c. Clinical Consideration.
   d. Differentiation.
   e. Etiology.
   f. Prognosis.
   g. Treatment.
9. Fragilitas Ossium, with Report of Three Cases
Dr. Frank L. Rose, Jackson.
   a. A rare disease. Synonyms.
   b. Distinguished from rickets osteo-malacia and osteogenesis imperfecta.
   c. Paucity of literature.
   d. Report of 3 cases in one family. Other cases in collateral branches of same family.
   e. It's pathology and etiology not well established. Suggestion of thymus gland as a possible etiologic factor.

SECTION ON SURGERY

Monday, May 8, 1918, at 1:45 P. M.

Chairman—**A. W. Blain, Detroit.**
Secretary—**J. C. Andries, Detroit.**

1. Chairman's Address—Group Medicine.
Alexander W. Blain, M.D., F. A. C. S., Detroit.
2. Surgery of the Stomach.
William J. Cassidy, M.D., F. A. C. S., Detroit.
3. Surgical Diseases of the Knee Joint.
Raymond C. Andries, M.D., F.A.C.S., Detroit.
4. Surgical Technique of Goiter Operations.
Max Ballin, M.D., F.A.C.S., Detroit.
5. The Acute Abdomen.
F. Gregory Connell, M.D., F.A.C.S., Oshkosh
6. Extravasation of Urine.
William E. Keane, M.D., F.A.C.S., Detroit.
7. Case Reports.
   1. Primary Carcinoma of Kidney.
   2. Total destruction of the Kidney with Sinus Formation, continuous from the Ureter to the Epidermis.
   James E. Davis, M.D., F.A.C.S., Detroit.
8. Announce subject later.
Willet J. Herrington, M.D., F.A.C.S., Bad Axe.

SECTION ON GYNECOLOGY.

Wednesday Afternoon, May 8, 1918, at 1:45 P. M.

Chairman—**H. W. Hewitt, Detroit.**
Secretary—**H. J. Vandenberg, Grand Rapids.**

1. My Experience in Cesarean Section.
J. Clarence Webster, M.D., F.A.C.S., Chicago, Ill.
Discussion—W. P. Manton, M.D., F.A.C.S., Detroit, Mich
2. The Improper Treatment of Abortion.
James E. Davis, M.D., Detroit.
Discussion—Major Reuben Peterson, Ann Arbor
3. The Test of Labor.
George Kamperman, M.D., F.A.C.S., Detroit.
4. The Surgical Treatment of Procidentia Uteri. Lantern slide demonstration.
Hugh Hagerty, M.D., F.A.C.S., Detroit.
5. Radiotherapy and Gynecology.
G. E. Pfahler, M.D., F.A.C.S., Philadelphia,
Discussion—Henry Hulst, M. D., Grand Rapids.

SECTION ON OPTHALMOLOGY AND OTO-LARYNGOLOGY.

Wednesday Afternoon, May 8, 1918, at 1:45 P. M.

Chairman—**Geo. E. Frothingham, Detroit.**
Secretary—**Ferris N. Smith, Grand Rapids.**

1. Fractures of the Skull Involving the Ear and Accessory Sinuses—with slides
Dr. Wm. Cassidy, Detroit.
2. Diseases of the Accessory Nasal Sinuses with Original Slide Demonstrations.
Dr. J. W. Murphy, Cincinnati, Ohio.
4. Eye Paper. (Subject to be announced).
Major Harry S. Gradle, M. R. C.
5. War Surgery of the Head, Neck and Chest with slides.
Dr. H. M. Richter, Chicago, Ill.

Thursday, May 9, 1918.

A DAY AT CAMP CUSTER.

U. S. Army Cantonment.

Lt.-Col. C. J. Bartlett—Division Surgeon.
Major Lewis Wine Bremerman—Commander 310th Sanitary Train.

(Major Bremerman has been detailed by Lt.-Col. Bartlett to act as Director for the day).

I.

8:15 a. m.

By automobile from Battle Creek to Regimental Infirmaries. Eight miles ride giving birds-eye view of entire Camp. Automobile fare, 25 cents.

II.

8:45 a. m.—Sick Call.

By special arrangement the regular morning Sick Call will be delayed till 8:45 a. m. Demonstration will be given of method of examining and disposing of those who answer Sick Call.

III.

10:15 a. m.—Clinical Demonstrations.

1. Medical Clinic.
2. Surgical Clinic.
3. Eye, ear, nose and throat Clinic.
4. Benito-Urinary Clinic.

Medical Officers in command of these services will conduct a Clinic and Demonstration together with brief talks by various detailed officers, and the exhibition of cases.

Important. Inasmuch as a single clinic will accommodate only a certain number the attendance at these clinics will be limited and apportioned. **No one will be admitted to any clinic who does not hold a ticket.** Tickets to be secured at Registration Booth in Masonic Temple. Be sure and secure your ticket when you register.

IV.

12:15—Mess Call.

A splendid chance to sample Camp rations.

V.

1:30 p. m.—Division Review.

The Commanding General, as a special favor to the Society, will hold a Division Review. The full Camp force of some 30,000 men will draw up for formal inspection and review. The review will occupy some two hours and will be a wonderful inspiring Military Maneuver.

VI.

3:30 p. m.—Sanitary Corp Exhibiton.

Under Direction of Major Lewis Wine Bremerman the Ambulance Companies and Field Hospital Companies will give a field demonstration. This will consist of:

1. Setting Field Hospital.
2. Evacuation Hospital.
3. Stretcher Bearers Bringing in Wounded.
4. Receiving of Wounded.
5. Disposal of Wounded.
6. Military Drills.
7. Transportation.
8. First Aid.
9. Keeping Records.

VII.

5:30 p. m.—Retreat.

Special Note. We wish to impress our members with the fact that this is a Military Day and every feature will be conducted with Military precision and formality. Rigid observance of Military Methods will prevail. There is going to be a snap to every feature that will of necessity compell our prompt compliance with every camp regulation. There can be no special favors shown to anyone. Please do not cause embarrassment to any officer by asking for special privileges. Members must remember that by special favor of the Camp Commander and the Division Surgeon the Society is extended the courtesy of visiting the camp and witnessing these demonstrations. The regular routine of camp life is changed for our benefit and pleasure. We are indeed under deep obligation to these officers.

When Retreat is sounded please depart from camp as speedily as possible. Do not attempt to stroll through the company barracks. You might encounter a Military Police.

COMMITTEES.

Calhoun County Society Committees.

General Arrangements.

Dr. B. N. Colver, Chairman.
Dr. A. F. Kingsley (Chairman on Publicity).
Dr. R. C. Stone (Chairman Hotel Arrangements).
Dr. H. R. Allen (Chairman of Com. on Exhibits).
Dr. E. L. Eggleston (Chairman on Reception).
Dr. R. D. Sleight (Chairman on Entertainment).
Dr. C. S. Gorsline (Chairman of Finance Com.).

Hotel Accommodations.

Dr. R. C. Stone (Chairman), Dr. W. S. Shipp, Dr. J. A. Elliott, Dr. R. D. Sleight.

Publicity.

Dr. A. F. Kingsley (Chairman), Dr. J. G. Gage, Dr. L. E. Stegman.

Exhibits.

Dr. H. R. Allen (Chairman), Dr. A. F. Kingsley.

Finance.

Dr. C. S. Gorsline (Chairman), Dr. R. D. Sleight, Dr. R. V. Gallagher.

Entertainment.

Dr. R. D. Sleight (Chairman), Dr. J. A. Elliott, Dr. A. S. Kimball, Dr. R. C. Stone. Dr. S. K. Church.

Reception

Dr. E. L. Eggleston (Chairman), Dr. J. G. Gage, Dr. J. W. Gething, Dr. W. L. Godfrey, Dr. J. S. Pritchard, Dr. Estella Norman.

GARAGES.

Post Tavern Garage will arrange to store 40 cars; storage, 75 cents per night; washing $1.50 to $2.00.

Phillips Garage will arrange to store 25 or more cars; storage, 50 cents per night, washing, $1.00 to $2.00.

Independent Garage will arrange to store 50 cars; storage, 75 cents per night; washing, $1.50 to $2.50.

American Motor Co. will arrange to store 10 cars; storage, 75 cents per night; washing, $1.50.

The Journal
OF THE
Michigan State Medical Society
ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

EDITOR
FREDERICK C. WARNSHUIS, M.D., F.A.C.S.
Grand Rapids, Mich.

All communications relative to exchanges, books for review, manuscripts, news, advertising, and subscription are to be addressed to Frederick C. Warnshuis, M.D., Powers Theatre Building, Grand Rapids, Mich.

The Society does not hold itself responsible for opinions expressed in original papers, discussions, communications, or advertisements.

Subscription Price—$3.50 per year, in advance.

April

Editorials

END RESULTS IN SURGERY.

It is a frequent matter of regret on the part of the surgeon that the relation between definite pathologic conditions and the symptoms described by a patient is not a more definite one. Incompetent a man must certainly be, if, when a person comes to showing clear signs of distress and debility, he can not find some organic weakness that could possibly give rise to the unpleasant sensations felt. It is an entirely different matter, however, to promise the patient that an operative procedure will restore him to perfect health even when the surgeon can be certain that the operation will correct the morbid anatomy. This is the *pons asinorum* which only the wise may cross. All the years and training to master operative technic and all the natural dexterity and aptitude a surgeon has avail nothing unless he can assure the most of his patients of results that are worth the money, time and suffering spent.

When considered simply as a means of correcting the morbid anatomy discovered few operations are a failure. The public everywhere delights in the quip, "The operation was a success but the patient died." The editor of the *Journal-Lancet* has recently directed a well justified criticism against the surgeons who in their zeal to use the knife attack every case where there is a possible indication of pathological condition that can be corrected by an operation regardless of whether or not the pathology is the chief exciting cause of the symptoms and even in cases where the abnormality produces no symptoms.

It is a fact, which while sadly deplorable, is nevertheless true, that there exists among the laity a wide spread suspicion of operations. Any practitioner will admit that a great number of persons for whom he advises operation refuse to submit to it and that in the majority of instances it is only when the symptoms become so distressing or threatening that they feel something must be done that they decide to take a chance on an operation. Can any surgeon forget how often he has carefully explained all the facts of a case and earnestly beseeched a patient to do something before it became too late only to meet with incredulity and a horror of the operating table that was greater than the dread of the disease. A fact highly significant in this connection is an Act recently passed by the Legislature of a western state requiring every surgeon to submit the pathological specimen of each operation to the State Laboratory and provides that the surgeon shall only receive compensation in those cases where the specimen shows evidence of disease. While such a measure appears extremely ridiculous so far as it serves to accomplish the end sought, it, nevertheless, illustrates the attitude of the public in communities where the opportunities have been greater for ruthless exploitation and reckless diagnoses.

What, then must be done if we are to convince the hundreds of thousands of individuals in this country who are now leading inefficient and in many cases miserable lives, that a surgical operation will restore them to health?

We must first recognize that under the present system we have no adequate method of checking up the end results of one surgeon's operations for the sake of comparison with another. Indeed, it is doubtful whether many surgeons carry out a definite follow up system by which they, themselves, know what percentage of their cases produce satisfactory results to the patient. It follows from this that the standing a surgeon has must depend largely upon the influence he can command and the personal impression he makes upon his patients and colleagues. Thus, it is that a man of dominating personality and aggressive energy though mediocre surgical ability may hold a leading place while another with the genius of

a Pare because he comes from small, obscure college or because he has never attracted the patronage of the trustee of a large hospital must limit the exercise of his talents to a small general clientele. Within the profession many abuses arise such as favoritism in making appointments, wire pulling, and petty politics. The public having no accurate criterion to judge the merit of a surgeon's work accept his recommendations according to its credulity in his honor and judgment. To rely on unreasoning credulity is to place surgery in the same relation to the public and to permit the same practices of humbug and exploitation to flourish under its name as that of chiropractory and other quackery. To keep up the fiction that all surgeons are honorable and capable is silly. The temptation is too great to be otherwise. The wonder is that the profession maintains in its greatest part the idealistic character that it has.

There is only one way to ascertain the definite therapeutic value of an operation and the skill of the operator and that is to check up his results. If you as an operator tell me that you can cure me of my symptoms by an operation I may reply that I know of a man who was operated on a year ago who was in the same condition and is no better now. Do you think I am going to take your word for it that that was only a very rare mistake, that may be it wasn't a mistake at all and that something developed subsequent to the operation, or any other excuse you could make. The quack could make the same defense and is as often believed. On the other hand, if you can confront me with actual follow up records and show me that you do produce results, I would know how reliable your work was. "By their fruits ye shall know them."

This is the system that A. E. Codman has so warmly advocated. It is the only system by which a closed hospital service can justify its existence. It puts surgery on a square basis before the public, the same basis that any concern asks for, viz., on the value of its product. It will eliminate the charlatan, who having gained a certain degree of popularity proceeds to cut and slash whoever will pay him while the getting is good; it will do away with the incompetent and careless who are permitted to operate by virtue of the degrees they hold and because of what they know rather than through a display of diagnostic acumen.

What doctor would be so absurd as to buy a machine simply on the salesman's claim to respectability or the assumed popularity of the machine without ever considering the actual merits of the machine and the kind of work it performs. Nevertheless, this is the very thing that the surgeon is constantly asking of his patients. We believe that surgery has enough merit and that diagnosis can be made sufficiently accurate to permit the profession to take the public into its confidence and that the mistakes that are now being made will not be made, will be largely done away with, when more surgeons make it the practice of following up their cases after operation and ascertaining the end results.

"Discipuli."

GERMAN INTRIGUE.

Gradually as events unfold themselves, as we delve into the past and dissect out the reason and cause for this or that event, or circumstance there comes to us a new, broader and deeper insight—there is unfolded before us an introspection of German atrocities not only in Belgium but in our very midst.

Sufficient substantial and reliable evidence is now presented to cause each and every patriotic and loyal citizen of this wonderful country of ours to conclude and determine that as far as present German government and Kaiserism is concerned that its complete overthrow and wiping out of existence is an absolute, positive necessity. That each and everyone of us must do his part to achieve that purpose.

Just at present there are three distinct avenues along which we as physicians may exercise our greatest influence: Enlisting and entering active service; purchasing Liberty Bonds and War Saving Stamps and the detecting and apprehending of German spies and alien enemies.

We must, to our financial limit, purchase all the Liberty Bonds and War Saving Stamps that we possibly can. We must urge those with whom we come in contact to do likewise. Every penny that can be spared must be put to purchasing these government securities. Having done that, providing active service is denied one, we must aid in the apprehension of the spy and alien enemy.

These spies are active in Michigan, right in our midst. We have personally come in contact with that fact in recent weeks and know whereof we speak. German intrigue is at our very door and German machination in Michigan is seeking to sacrifice the lives of our fellow members who are on duty.

As physicians we come in contact with all classes of individuals. We enter into the privvacy of many lives and homes. We see and hear many things. The very nature of our work enables us to learn and see many things that would be long in reaching officials. It becomes then our duty to take note, record and report every suspicious act or conversation to the proper authority. A certain act or statement may arouse suspicion but be in itself not incriminating. Nevertheless that very act or statement may be sufficient to serve as a connecting link and cause the apprehension of traitors and spies. We are personally familiar with one instance where a seeming unimportant conversation in a dining car, when reported to those in authority, paved the right way to the arrest of three spies and alien enemies who were actively at work for German interests. We could go on and cite numerous similar incidents that would reveal the apprehension of an enemy spy by the information that came in piece meal from several sources.

We therefor urge that everyone of our 2,600 members become alert to the situation, note every fragment of conversation, act or movement that may have an element of mystery or suspicion connected with it. Promptly report it to your representative of the Department of Justice in your community. They will hold it in confidence and institute prompt investigation. Should there be no representative of the Department of Justice in your locality then send it to the Editor of *The Journal*. He will personally see that it reaches the proper official. We want every member to thus be constantly alert and do his duty in making Michigan too warm for our country's enemies.

Personally, we have but little patience with these traitors. In our opinion there is but one punishment that is to be meted out to them. That one sentence even becomes insufficient when one learns authentically of the atrocities that have been perpetrated by Germany, German soldiers and spies.

The story is told that when Sheridan was defeated, Grant noticed a young man who was chuckling over Sheridan's defeat. "I have three armies" says Grant, "Sherman's, Sheridan's and my own and this young man rejoices at the defeat of Sheridan, he must inwardly hope for my defeat. He must be a spy. Take him, try him and punish him if he is a spy." The young man was arrested at night, tried at midnight and shot for a spy at daybreak.

Today three armies stand between us and the Hun. They are the armies of Petain, Haig and Pershing. The man who stands on the corner, in his home, or midst his friends and rails against England or who hopes England will be smashed, or who rejoices in French or English reverses is secretly hoping America will be smashed. He should be arrested, tried at midnight and shot at day break for a traitor to this country.

Doctors of Michigan we ask you to aid in the apprehension of all traitors.

NEW STANDARDS—NEW MODES OF LIFE.

It must be apparent to one who has pondered upon the subject that when peace is finally declared, when our men again return to their home surroundings the standards for professional efficiency, ability and service will be greatly changed, higher qualifications will be expected and new conditions governing our services will be demanded.

Our soldiers, on dismissal, will not revert back to their old ways of living—they will have acquired a new mode of living, a new viewpoint, a new and greatly changed relationship to their families and communual neighbors. The old ways will be forever discarded; the old order will have passed. They will demand revamped systems, to apply to their community, of their army experiences and they will seek to secure them for their families and friends.

The ex-soldier, or war veteran will be conversant with the standards that are being daily perfected in the Medical, Surgical, Sanitary and Health departments of the Surgeon General's office and under which he lived while in the country's service. He will have witnessed, on numerous occasions, their effectiveness and will be more or less intimately familiar with the ends that they attained in preserving and safeguarding the health of the soldier. These men will not return to the foul, disease hoarding rooms of the slums, the dirty tenement, the ramble-shack home without plumbing, dark and with deficient ventilation.

The soldiers will have become accustomed to fresh air, good food, open air sleeping, frequent bathing, physical exercise and the observance of the laws of hygiene and preventive medicine. He will come to recognize their importance and value by reason of his physical improvement and will have learned that his longevity of life is dependent upon continued observance of those laws. He is going to de-

mand and secure these conditions for himself and immediate family and he is going to teach their value to his neighbors so that they too will secure the benefits thus to be obtained.

The soldiers will likewise have gained more or less knowledge, reliable knowledge, as to the cause of disease and will have learned that definite factors and conditions tend to cause pathological states and bodily infirmities. He will know considerable about preventative medicine and measures and he will practice the observance of those rules of prevention and avoid disease producing surroundings and conditions.

These thousands of soldiers will become health missionaries in the communities to which they return and their preaching the doctrine of modern laws of securing and maintaining healthful surroundings and modes of living will cause to be witness the employment of full time health officers in every community.

When sickness does visit this soldier or members of his family he is going to select his medical advisor according to the degree with which a doctor conforms to this new standard. Naturally they will ask first for his credentials. The mere fact that one has a diploma and license to practice will not be sufficient. They will demand that the physician they employ, or the surgical consultant that is called has that degree of efficiency and training as now governs the medical officers of the army. Standards of case records, physical examinations, laboratory routine, sanitary measures, therapeutics and operative measures that are precise, accurate and efficient will be the qualifications that he will exact and which the soldier will insist must be possessed by the doctor whom he employes.

This war will seperate the profession from the standards and practices of the past and the traditions that have governed our relations with the public. That era is closed and a new attitude will be forced upon us. No longer will the quack practice his deceits; the "shot-gun" prescriber will find the people deserting his "hit or miss" methods; the braggard will not cause awe or reverence by his tales of wonderful cures, numerous operations, large clientele, aborted pneumonias, typhoids, etc., etc., a feel of the pulse, a look at the tongue and a prescription or box of pills and "Come and see me in three days" will no more satisfy these enlightened patients; rheumatism, gastritis, catarrh, bronchitis, bilious and similar vague indefinite as well as meaningless terms will not cause your patient of tomorrow to maintain his confidence in you. Your people who consult you will be free from the wiles and mysticism of the past. They will demand and expect that you exercise that knowledge, that skill, care and ability which they will know is possessed by the enlightened, modern physician and surgeon.

This brings us to the point we wish to make and the warning we desire to disseminate. What are you doing, Doctor, to remain abreast with medical and surgical progress? How are you preparing yourself to meet up to those new standards and conditions that will be exacted from you if you are to maintain your practice and clientele? Are you recognizing the change that is being wrought and are you adapting yourself and your work to these new conditions? We urge that you give heed to the new order of things that will from now on be upon you. Study, read your journals—good journals, visit clinics, attend your society meetings, acquire the habit of making case records, utilize the help of laboratories, spend more time in careful physical examinations and strive to attain an analytic definiteness in your methods. By so doing you will remain abreast with the wonderful progress that is being made in medicine and surgery.

THE ANNUAL MEETING.

This issue contains the practically completed program for our Fifty-third Annual Meeting. We believe that it will be a meeting that will stand out in the history of our Society. Never will we again have such a wonderful and historic feature as the Day at Camp Custer.

The First General Session will be a most interesting, absorbing one. The addresses at that session will be of timely interest and acutely instructive.

The Section Meetings will be of unusual interest; the papers and discussions are going to be right up to the minute and no dry, uninteresting subjects will clutter their programs.

The Evening Session, Wednesday, will be of a patriotic nature. From seven to eight o'clock there will be a band concert rendered by the combined band of Camp Custer composed of 150 pieces. This will occur in the opera house. Promptly at eight o'clock the formal program will commence. Rev. Wishart has spent nine months at the front in France. He is an eloquent speaker and will give us a vivid word picture of conditions "Over There." The army

officer we are endeavoring to secure will give us another side of life in the trenches. Dr. Inches needs no introduction. His visit to French and Italian hospitals and fronts will be told of by word and pictures. His collection of lantern slides vividly convey actual conditions. We are certain that this evening session is going to be of most absorbing interest. You are going to come in contact with men who have had actual experience and they will convey vital information as to existing conditions.

The Day at Camp Custer. Never again will such opportunity be afforded you to visit this cantonment and become familiar with its operation and routine. We are indebted to the officers in command for the privelege. The demonstrations, clinics, exhibits, grand review and drills will surpass any previous demonstration conducted before our Society. We cannot commence to describe it. You can only appreciate it after you have spent the day at Camp Custer with its 30,000 soldiers.

Important: The Wednesday Evening Meeting will be open to those who hold reserved tickets. No admittance without a ticket. Ask for reservations when you register. Please don't expect to obtain tickets the last minute. First come, first served. It behooves you to be in Battle Creek Wednesday morning early.

Important: The Clinics in Surgery, Medicine, Eye, Ear, Nose and Throat and Genito-Urinary Diseases will be limited in capacity. About 125 can be accommodated in each clinic. Admission to these clinics will be by ticket only. Members must select the clinic they wish to attend and secure a ticket of admission. These tickets will be given out at the Registration Booth on Wednesday morning. We cannot increase a clinic's capacity so must ask you to make your application early if you do not want to be disappointed.

Caution: This is a military camp conducted by officers on duty during war. A concession has been granted our organization and we are privileged to admittance to certain portions of the camp—in the vicinity of the Base Hospital. The entire camp will be policed by guards as it is every day. These guards are instructed. Please do not wander promiscuously and inquisitively about. We trust that no one will violate the privileges extended to them or seek to stray into forbidden quarters.

This is sure going to be some meeting and if you are not on hand Tuesday evening or early Wednesday morning you are going to miss opportunities that will never be again offered to you.

The Registration Booth will be located in the Masonic Temple and will open at 2 P. M. Tuesday and 8:00 A. M. Wednesday.

PAYMENT OF DUES.

The failure to have paid your annual dues to your county society on or before April First compels us to place you on the suspended list. The only way that you can secure reinstatement is to pay them now and to have your local secretary's remittance reach the State Secretary by April 15th.

During your suspension you lose the protection of the defense league for suit brought at any time for services rendered during the period of your suspension; the *Journal* will be discontinued; your name will be removed from the membership roll of the A. M. A.

This is your last notice. We urge that action be prompt on your part.

HOTELS.

No one need be without accommodations at Battle Creek providing they make early requests for reservation. Write now for your room. If you wait until the last minute you will be disappointed.

REGISTRATION.

The Registration Booth will be located in the Masonic Temple and will be open from Two until Eight P. M. on Tuesday, May 7th. No tickets to the opera house or Camp Custer clinics will be given out *until Wednesday Morning*. The Booth will be open Wednesday from Eight A. M. to Seven P. M.

Be sure and request your reservation on Wednesday only. No tickets will be given to those who have not registered and do not have an official badge and guests credentials. You must secure a guest credential when you register.

These requirements are made necessary by the conditions placed upon your State Secretary by the Commanding Officer of Camp Custer.

AUTOMOBILES.

There will be ample room in Battle Creek garages for storing your car. You cannot drive your car to Camp Custer for there is no space

in the Camp for parking. You are on a United States Government road that is patrolled and will not be permitted to park on the roadside. The Base Hospital is three and one-half miles distant from the Camp entrance and you cannot walk that distance. Take the licensed automobile that is permitted to enter the Camp. Take no chance and have your car impounded.

Editorial Comments

One wonders how a doctor can continue his practice, maintain the confidence of people, and pursue an even tenor of way with peace of mind when his carelessness or lack of knowledge reveals the following repeated errors: Biliousness the diagnosis—with acute appendicitis as the true condition; appendicitis the diagnosis, pills the treatment and promise of cure assured when seven months pregnancy exists and the absence of menstruation explained as being caused by the chronic appendicitis, with no physical examination having been made. "Change of Life" the diagnosis, viburnum the medicine, no special examination, the condition being excessive "flooding" caused by well advanced uterine carcinoma with characteristic "frozen pelvic" organs. Rheumatism the diagnosis, medicine of various kinds, the treatment for pain in the knee with tubercular involvement of the hip the true condition. We might continue and mention the bronchitis for tuberculosis, vulvo-vaginitis with diabetes, asthma for decompensated hearts, catarrh or gastritis for the gastric or duodenal ulcer or cholecystitis, etc., etc.

Can we blame anyone but ourselves for losing public confidence or for the whole profession being deprecated by reason of the carelessness of a few? The sooner we awaken from our lethargy, the more careful and painstaking we become, when we exhaust all modern methods, then and not till then will it be human for us to err. May we all strive to become more proficient in the practice of our profession and cut out the "bunk."

It has taken many years and much insistance to make the profession appreciate that a choked disc is a mechanical process due to tension which can be surgically relieved even though a localizing diagnosis cannot be made. It will doubtless take many more years to make them feel that it is somewhat disgraceful under these circumstances to permit a patient to become blind or even to allow the process to advance to such a stage that vision becomes impaired.

We have commented upon this fact frequently but reoccurring instances of far advanced cases keep presenting themselves.

Dean Victor C. Vaughan, of the Medical School, lieutenant-colonel of the National army, addressed a combined assembly of the entire Medical School of the University of Michigan this past month on various topics of the war of particular interest to medical men.

"Every medical man belongs in the service," said Dr. Vaughan. "To keep a doctor out of service would be to handicap him in the future. He would have to explain constantly under the most embarrassing circumstances, why he had not served. We are in the war," he said later, "to fight unto death. President Wilson's statement that we are fighting to make the world safe for democracy is too academic and fine-grained for me. We are fighting the Hun with the cries of innocent women and children of the Lusitania and Belgium ringing in our ears."

Shiawassee county doctors sometimes send their remittances for dues set to poetry, as instance the following by Dr. L. D. Hixson of Durand:

Dear Doctor Ward:

Enclosed you'll find a yellow check
To square my '18 dues, by heck!
I hear it takes $4.50 to play
And every poor cuss that sum must pay!

No doubt but that you'll grimly smile
When you are raking in the pile.
But after all why should we weep
And all our shekels try to keep?

For when we leave this earthly shore,
Those greenbacks we can use no more.
But while on earth we yet can stay
Our duty 'tis our debts to pay.

When *some* of our poor little flock
Go way up yonder and shall knock,
St. Peter then will open his book
And give them just one hell-of-a-look!

A wireless quick to Doc he'll send,
Their ways they'll wish that they could mend!
Their outlawed dues they'd gladly pay—
But Doc wires back "No, no, nay, nay.

"The time is past, they can't repent,
Their check they should long since have sent.
To pay their dues it's now too late—
Poor sinners! They must meet their fate!"

Don't fail to write for Hotel reservation

Secure your special admittance tickets to the evening meeting and Camp Custer Clinics on Wednesday morning. No admission to these clinics or meetings without a special ticket.

Ladies will be privileged to witness the Camp Review and demonstration at Camp Custer in the afternoon. No provision can be made for their entertainment at the Camp in the morning or at the Noon Mess.

This General Review of every officer and man on duty at Camp Custer will be a wonderful spectacle. It will require two hours and 30,000 odd men will participate.

Ample arrangements at the hotels and sanitarium will insure your comfort providing reservation is made. Do it now.

You cannot hope to secure special tickets if you arrive in Battle Creek late, Wednesday evening or Thursday morning.

Our invited speakers will convey to you vividly existing conditions "Over Seas."

Do not fail to pay your annual dues for 1918 before April 15th. That is your last day of grace.

Delegates are urged to be on hand promptly at the two sessions of the House of Delegates. By promptness the work of the House of Delegates may be dispatched without tiresome delay.

The next annual session of the American Medical Association will be held in Chicago in June.

We again urgently request that members receiving interesting correspondence from members on duty "Over Seas" share these letters with the men at home. The *Journal* welcomes all such communications for publication.

No, please don't overlook our advertisers. They make your *Journal* possible. At least write them and tell them you have seen and read their advertisements. We need your support.

We have several dead or nearly dead county societies. We feel certain that if some of them will attend our annual meeting that they will be inspired and returning home will become active in arousing their fellows from their lethargy.

The traitor, the alien enemy railing against this government or any of our allies merits no toleration whatever. We are eager to see every one of them dealt with as custom decrees for spies. Interment is too humane; a brick wall and a firing squad should be the effective method of dealing with them. Let every member become a special operative to detect and report these contemptible curs and so cause them to receive the punishment these enemies deserve.

We are certain that it will no longer be William II. Future events will cause it to be written—William "The Last."

Sometime ago we commented upon the imposition of insurance companies, especially of the indemnity type, in requiring certificates of physical condition of injured or sick policy holders before the payment of benefits are made. No provision is made for the payment of the doctor who is expected to protect the company's interests and forestall fraud. It is a sheer imposition and holdup and doctors are easy marks who dispense such gratuitous service. We note that the subject is now being agitated in the *Wisconsin State Journal.*

Correspondence

Chicago, February 23, 1918.

Dr. F. C. Warnshuis, Editor,
Grand Rapids, Mich.

Dear Doctor:

We congratulate you on your excellent work, culminating with the February issue, as Editor for five years of the *Journal of the Michigan State Medical Society.*

In many respects your *Journal* is one of the leaders among medical publications. Especially is it noticeable for the excellent quality of paper and its typography, as well as the variety of the reading matter. The "first impression" which advertisers and the general public receive of a Journal is a very important consideration. If that impression is favorable, they will quite naturally select it to read, or to place their business in, and often to the exclusion of larger journals, which do not give that favorable "first impression."

May the *Journal* continue to improve and prosper under your editorial management.

Very truly yours,

COOPERATIVE MEDICAL ADVERTISING BUREAU,
E. W. MATTSON, Manager.

(We are much indebted to Dr. W. P. Manton for the privilege of publishing the two following interesting letters.)

Headquarters, Base Hospital 36,
A. E. F., France,
January 30, 1918.

My dear Doctor:

Your welcome letter was received yesterday and I was indeed glad to hear the news from home.

This Unit arrived here, as you know, on the 18th of November, and we were lucky enough to draw a location in the foot hills of the mountains up near the frontier in a beautiful little watering place. We immediately went to work organizing and equipping the five enormous hotels assigned to us and we now have in place 1,788 beds. We opened up with 300 patients on December 8th and more than 1600 have now passed through our hands. We have done a great deal of surgical work, and have in our hospital the first American wounded soldier in France.

We are all very busy at present as our Commanding Officer is away at the British front and the details of the executive work have fallen to me.

Major Barrett opened his hospital of 450 beds in the Palace with a vaginal hysterectomy on a civilian patient who made a very brilliant recovery and established a wonderful reputation among the civilian population for this Unit as the French doctors had pronounced her case incurable.

I have the head hospital with a capacity of 700 beds and have done a number of mastoid operations, and the usual operative routine of our special work.

Frank Walker successfully operated a fracture of the skull some days ago caused by the explosion of a one pounder gun, relieving an adhesion and depressed fracture that had been missed by the Johns Hopkins Unit, sixteen miles away.

Every Monday night we have a Medical Society Meeting of our staff personnel on interesting and difficult cases for diagnosis and observation. Last night Joe Sill and Clift gave a laboratory evening with lantern slide exhibition from the cases now under our own observation.

We have five X-ray plants, one in each hospital. The equipment which Detroit so magnificently provided for us is a wonderful advantage because it is almost impossible to obtain supplies in this place. The transportation is something terrible in this country.

Frank Walker performed a gastro-enterostomy on one of the nurses this morning who has had a gastric ulcer developing aboard ship. One of the nurses is seriously ill with pneumonia, otherwise the health of this command has been most excellent. McGraw has gained fifteen pounds and Sill fourteen in three months from home.

We expect to open up the golf links of nine holes and eight tennis courts as soon as the weather permits, to get a little necessary exercise in the long hours of the evening. We are so far north that in the summer time it is daylight at nine and ten o'clock. At present we have had no time for anything but work and organization and the development of this hospital plant. My own frivolity was a two weeks' tour of France in a Paige machine visiting these hospitals. This tour was very valuable in getting ideas. I feel certain that our location is the best in France, and our opportunities, only forty miles from the firing line, are unexcelled to accomplish the object of our mission. I visited the Harper Unit a few days ago which is eighty-five miles from us. They are still in great confusion making over a very old and very dirty building formerly used as a Jesuit school for boys. We are endeavoring to adapt ourselves to circumstances and have had very little in the way of modern improvements.

The officers are delightfully quartered in four French villas where the heating problem is provided for in a way with diabolical French stoves. We have 700 of them in various parts of these enormous hotels, although the heating plant is provided in three of them. Two of our hotels have been cleared for French wounded which we expect to take in a few days. Nine hundred beds will be devoted to their care.

I am glad to know that Walter has such a good position and shall call upon him if I ever get to the great city.

We have a wonderful laundry here which I have visited today, about two miles away. It is fitted up with the most modern machinery and is wonderfully arranged to care for hospital units. It was the laundry for the summer hotels, but has been remodeled by a laundry expert of the Quartermaster Department.

I have just taken over a wonderful refrigerating plant which I have rented for 1,800 francs a year. It makes ice in long tin pans by means of a brine and rapid evaporation process. It will be fine for the sick in the summer time. We did not bring a laundry machine with us nor a refrigerator apparatus, and therefore we were worried about obtaining ice. The problem is now solved.

There are three other units in the immediate vicinity from cities near Detroit. These have arrived recently and will have a bed capacity of at least 1,500 each which will, therefore, take care of from six to ten thousand patients in this center. Wish you could drop in and see us, and we would give you a bottle of mineral water with a big cake of ice in it. If anything else went in it would be necessary for you to bring it as the Y. M. C. A.,

the Red Cross, the Y. W. C. A., the Chaplain and the secret service are all watching us. If it were not for the mineral water we would be as dry as a diabetic not to mention a mummy, and I presume on our return May 1st, or thereafter, the dry law will not affect us in the east. This applies to whiskey only. We can obtain a little wine now and again for the stomach's sake, but our officers are certainly making a record, including Lieutenant Van Rhee, who after recovering from the mumps two weeks ago, I have just sent to his room with a good blooming, flourishing case of measles. This is the way a children's specialist thrives in France. We have nothing to complain about, and much to be thankful for. I am glad you are holding down the Shurly building in good shape, and I hope they will be able to rent any spare space to the Home Guard whom we all wish to join in the near future.

With kindest regards to all, and thanking you for your thoughtful letter, I am,

Very sincerely yours,

BURT R. SHURLY,
Maj. M. R. C.

(For the following letter we are indebted to the courtesy of Dr. L. W. Hull):

Dear B.:

Since you mentioned Xmas, I'll say I never saw one so thoroughly enjoyed as was this last one here by patients, nurses and men. These one-storied frame hut wards were decorated from one end to the other with fir trees, holly and mistletoe, and the patients made yards of colored paper chains and lanterns. Along after tea time when the lights were going they looked great. The Tommies and our own wounded ate until they couldn't take any more. It was strange to hear a lot of them beg to stay over here for that day, rather than be sent home to England.

New Year's day saw E——— of Cleveland and I on our leave to England. We had sixteen days of it and believe me it was a wonderful time. Two more of our unit joined us in London a few days later, so we had a good crowd. We saw a lot of good shows, did a lot of necessary shopping and hunted out most of the good restaurants while there. Had a fine afternoon looking through the Royal College of Surgeons and seeing the splendid exhibit of this present war. Various protective measures, both German and British were there. Also all varieties of wounds of bones, internal organs and the like. An immense amount of time must have been taken to prepare any one of these. Many of the Home Hospitals had individual exhibits of their own including special treatments, casts made before and after treatment and pictures and cuts of various kinds. All in all it was most interesting especially as our government is starting a similar exhibit which I believe is in the hands of the American College of Surgeons.

Also had several visits with Kidner. He has the best post in the war that I have seen or know about. Has two services at the Military Orthopedic Hospital at Shepherd's Bush and also St. Katherine's Lodge, Officers' Hospital. Many things that one sees rarely at home he is seeing nearly every day and the English seem to well appreciate his ability—makes one want to be an orthopedic to see what he is getting. He lives at the latter place, which is the finest looking small hospital we have seen. It is in Regent Park and was especially fitted up for wounded American officers, but at the present time is used for officers of other countires as well.

Visited other London hospitals especially those receiving patients just arriving from over here whose problems are much like our own.

Had time to get to Edinburgh, which as you know, is an interesting city. Saw the Royal College of Surgeons, the College Hospital and visited Stiles at the Edinburgh War Hospital at Bangour. Saw him do several interesting nerve sutures and the like. The trip was worth it even if we rode both ways at night sitting up.

Also went to Dublin for a few days and visited my cousin. The country about that city was the most beautiful and orderly that I have ever seen. Saw the Irish R. C. of Surgeons here where the two or three Colles held forth. Dublin Castle is now a military hospital.

Have been in charge of the surgical side here and in the parlance of British hospitals am the S. S. or surgical specialist.

Things have been fairly quiet here of late, but of course no one knows when the curtain will go up again. * * * *

I am sorry that I can't go into details over that leave trip but space forbids. Anyway you can see how we all enjoyed every minute of it as it was our first real rest in nearly eight months.

As to our future, no one can tell a thing. We may remain with the British or go with the American forces. For the present we are well satisfied because we have enough interesting work to do and are well taken care of.

* * * *

LT. H. K. SHAWAN, M. R. C.

February 4, 1918.

"Well, here I am out in the woods. I chose this direction because it brings me in touch with our own men, and the rough life, I hope will harden me up a bit. Leaving the city (Paris), was just like leaving home. I was there three months and was very

comfortable, except for lack of sleep and for the responsibility of doing so many things without adequate help to assist in doing them. The city was not war and I was glad, on the whole, to leave. Mrs. Shields, the Whitlaw Reid representative, was very sorry to see me go, and as she expressed it to the General, "it was mean of them to take me away." So you see everything was amicable in that direction. Among the men I met before leaving the city were Goldthwait, the orthoped., and Keys, the G. U. man. The latter I liked very much; he is a splendid specimen. Now I am getting eight or nine hours sleep every night, except when I wake up from the cold. And it is cold here out in these wooden shacks in the country. This I hope is not my permanent place, or rather my near-permanent place, (nothing is permanent in this enterprise). I am awaiting orders to move further forward. I prefer the type of surgery which is performed immediately after injury and am working to get a position where I can do this kind of work. Here as chief surgeon, (temporarily), of a field hospital, my responsibilities are confined to the operating room and to the patients in the surgical ward. We eat straight American food, which is meat and potatoes, bread and butter, with an occasional spatter of jam or canned pineapple. Just now I am more or less in the same district that I was when with Major Finney. In fact I took an ambulance ride to-day to within five miles of that place."

W. W. Manton,
Captain, M. R. C.

France, January 5, 1918.

* * * * We have just returned from what is considered the hottest part of the line, on the western front. There are no trenches there. The men of both sides are posted in shell holes, and it is sometimes hard to tell where the German line is, and where the British is.

My R. A. P., (Regimental Aid Post), was in a "pill box," built and formerly occupied by the Hun. You can see by this that the only opening in it would be toward his line. These "pill boxes" are built of cement, and lined with corrugated iron, and are practically shell proof, the only danger being in entering or leaving, when you are exposed to the view of his machine gunners, and his snipers. This is overcome by moving about only by night as far as possible, thus, if a man is wounded during the day, he lies in a shell hole until dusk, and is then brought in. Of course, a real serious injury requires immediate removal, and then the stretcher bearers take a chance. The "pill box" entrance is not large enough to admit stretchers, and these cases are dressed outside and then taken immediately back to the field ambulance. Walking cases are brought inside to be dressed, and walk back to the F. A. at convenient times.

I don't think I shall soon forget Christmas, 1917. For over a week I did not have any clothes off, or a chance to wash. The first night out of the line I was so sleepy that the rats, squeaking and running about the dug-out in which I slept, did not bother me in the least. Under normal conditions I prefer almost anything to rats.

At the present time, we are in a French town, which has been evacuated by the civilians. I have a room to myself in the most palatial former residence of a brewer. * * * *

Yours,

Tom Marsden,
Lt. M. R. C.

Deaths

Dr. I. W. Norris died suddenly at the Soo on Feb. 26th. He had practiced medicine in Corunna for several years, but moved to the Soo a year ago hoping that the change would benefit his failing health.

Dr. Raymond A. Clifford of Ypsilanti died of acute heart trouble at the sanitarium at Clifton Springs, New York. Last August he underwent a very serious operation from which he apparently recovered, but during the winter his work was so taxing that in February he went to the sanitarium where he died on March 2nd. His death is keenly felt by the many friends he had made during the 18 years he practiced at Ypsilanti.

State News Notes

Dinner to Medical Officers of French Military Hospitals of Dijon given by Medical Officers of Base Hospital No. 17, U. S. Army, Friday evening, February 8, 1918:

Those present were as follows:

General Duplessis.
Docteur Hugard, Medecin-Chef de la Place, Hopital General.
Docteur Leveque, Hopital General.
Docteur Lucien, Hopital General.
Docteur Guibe, Hopital 71.
Docteur Sourdel, Hopital 71.
Docteur Genevoix, Hopital 71.
Docteur Lagarenne, Hopital 71.
Docteur Thevenard, Hopital 71.
Docteur Cistrier, Hopital 71.
Docteur Corneloup, Hopital 71.
Docteur Faguet, Hopital 71.
Docteur Hugonnard, Laboratoire de Bacteriologie, Faculte des Sciences.
Docteur Cousteau, Medecin-Chef Hopital 99, Centre O. R. L.
Docteur Menier, Hopital 99, Centre O. R. L.

Docteur Lacau, Hopital 99, Centre O. R. L.
Docteur Cantonnet, Hopital 76 (Chef du Centre Ophthalmologique).
Docteur Rasse, Hopital 76.
Docteur Berard, Hopital 76.
Docteur Hubert, Hopital 76.
Docteur Bottemer, Hopital 76.
Docteur Gauthier, Medecin-Chef Hopital 76.
Docteur Teinturier, Hopital 74.
Docteur Charmont, Hopital 92.
Dr. Gremot, Medecin-Chef Hopital 81.
Docteur Daubret, Hopital 81.
Docteur Schnaebele, Medecin-Chef Centre de Reforme, Hopital 81.
Docteur Vallee, Hopital 81.
Docteur Longin, Hopital 81.
Docteur Roy, Hopital 81.
Docteur Gallois, Hopital 73.
Docteur Nicot, Hopital 73 (Talant).
Docteur Testevuide, Hopital 71.
Docteur Charpentier, Chef du Laboratoire Militaire de la 8 Region, Universite de Dijon.

Central Laboratory.

Doctor Seiler.
Doctor Foster.

Base Hospital No. 17.

Doctor Henry C. Coburn, Jr., Med. Dept. U. S. Army.
Doctor Angus McLean, M. R. C.
Doctor Harry N. Torrey, M. R. C.
Doctor George E. McKean, M. R. C.
Chaplain M. H. Wallace, M. R. C.
Doctor Louis J. Hirschman, M. R. C.
Doctor Ernest K. Cullen, M. R. C.
Doctor Rolland Parmeter, M. R. C.
Doctor Walter D. Ford, M. R. C.
Doctor Robert Owen, M. R. C.
Doctor William A. Spitzley, M. R. C.
Doctor John C. Dodds, M. R. C.
Doctor James F. Breakey, M. R. C.
Doctor Thomas K. Gruber, M. R. C.
Doctor Alexander M. Stirling, M. R. C.
Doctor Alfred D. La Ferte, M. R. C.
Captain Henry E. Williams, Q. M. U. S. R.
Doctor W. H. Honor, M. R. C.
Doctor Duncan A. Campbell, M. R. C.
Doctor Cyrenius B. Lockwood, M. R. C.
Doctor Bror H. Larsson, M. R. C.
Doctor Leroy H. Belt, M. R. C.
Doctor Hampton P. Cushman, M. R. C.
Doctor Frederick G. Buesser, M. R. C.
Doctor Hunter L. Gregory, M. R. C.
Doctor Stillman G. Davis, M. R. C.
Doctor George B. Seeley, M. R. C.
Doctor Hugh A. Sullivan, M. R. C.
Doctor William T. Shannon, D. R. C.
Doctor Earl C. Barkley, D. R. C.
Doctor Francis C. Bartleman, D. R. C.

Menu.

Potage Fulienne, Poularde en cocotte, Garniture légumes, Rosbif rôti Salade, Glace Parfait, Fromage Fruits.

Introductory remarks to Allied soldiers at Palais Darcy:

This is an unusual opportunity to have a friendly union between the soldiers of Italy, France and America. The soldiers of these three great nations are fighting for humanity the noblest aim of warfare.

We greatly appreciate Italy's alliance in this war, especially so after Russia's uncertain state of arms. This great country of France with her noble soldiers will be our home from now until the day of victory. We welcome our Italian comrades to the continental land of safety, made so by the French Artillery, and their brave poilus. The French Minister of war has suggested that friendly relations be established among the allied soldiers in France.

We are glad to have an opportunity like this to invite portions of the armies of three great nations of the world to meet as one, and where the three greatest national Hymns of the world will be sung, namely March Royal, the Marseillaise, and the Star Spangled Banner.

We trust that the great Republic of France will not wait long before a deserving victory will be brought to her and all allied lands of Justice and Freedom.

Detroit Commandery No. 1.

ANGUS MACLEAN.

Address of Colonel Hugard Medecine Chef de la Place, Hospital General, at Banquet Given the Military French Surgeons, by Medical Officers of Base Hospital 17.

In the name of the French Military, medical corps of the Place de Dijon, and in my own name, I am glad to express our hearty thanks to Major Angus McLean for his kind toast, and to tell all American doctors how greatly we appreciate this manifestation of sympathy which has brought us this intimate and courteous reception.

I applaud with all my heart at this meeting of doctors, of the American and French Medical services, for it will make stronger the confraternity and strengthen the cordial bonds which will be tightened more and more by a mutual frequentation. These bonds exist now for ever between men who esteem mutually, who have the same aspirations, the same ideal, who pursue the same scope. We shall gladly see frequent meetings between doctors who may instruct themselves mutually in the same therapeutic methods, and improve the operating procedures in both countries.

It is for me a very agreeable task to recall to your mind how perfect was the harmony between us since our first interview, just at the moment when took place the arrival of your Unit, which came as a van-guard of the great American army. You have brought us the benefit of your great liberalities, you made easier the collaboration of the departments, and recently, when I came to you to speak about the eventuality of invoking your assistance in case of need, you quickly agreed to put at our disposal 500 beds for wounded soldiers, if it should become necessary.

Allow me to tell you our gratefulness for the past and for the future. It may be possible that the events of war require your services very soon, for a large number of wounded who will require all your resources, and all our exertions, and we are happy to see that your precious help will not fail us.

The enemy has concentrated his forces on our front where American troops are already in the

trenches. He has just renewed as usual, his outrages which have shocked all civilized nations, and have lead you to come and place yourselves by our sides.

Without any disernment and uprightness, he realizes those outrages, sometimes he sinks a ship containing some inoffensive passengers, sometimes he drops bombs on a defenceless town, and unfortunately, sometimes too on our medical formations, which are no more spared than our wounded.

Thus he has no respect for anything, not even for this admirable convention of Geneva, at the end of which he put his signature.

This contempt of any right, of any engagement, for every convention, shows what is Germans blood, and it has not begun with the present war, but it has made of it a common practice in every time.

I recently told an incident of the war of 1870 to the General Duplessis who exalts our meeting by his presence. It is with his agreement that I make a claim on your kind attention only for a moment, in order to narrate a suggestive account of this incident.

Forty-seven years ago, on January 21, 1871, a German Force, Commanded by General Keller, attacked Dijon, which was defended by Garibaldi's army. Driven back, the German army that evening took a position near the little village of Hauteville, about four miles from Dijon. The 61st Pomeranian regiment, being fired at from this Hamlet, attacked it at once. The little town, not being occupied by many troops, was evacuated by ours. The enemy came into the place which was in complete darkness excepting one house, which had on its front door, the Red Cross flag. It was a first aid station, where there were three Surgeons, and a few French wounded. A discharge of musketry riddled the house, especially the windows and doors, and severely injured a girl of sixteen. The Chief Surgeon Morin, who spoke German, came to the door and shouted out that the house was a shelter for a field-lazaret, showed them the Red Cross flag, and his brassard. He was immediately brought down by a rifle bullet, and dispatched on the spot. A second surgeon, who showed his brassard too, was massacred under the table, where he sought shelter. The third succeeded in escaping by the back door, after he was wounded by a shot.

At this time arrived a Prussian Officer who approved the murder.

The following day on the 22nd, the attack on Dijon was renewed.

The Germans were defeated, their advance was checked, they were driven back more and more, and at a few hundred yards from Hauteville, at the farm of Chargey, a German Ambulance was taken, and fell into our hands.

The moment had arrived to revenge the slaughtering of our doctors on the previous evening.

The revenge took place, but in our way, the German wounded were collected, dressed, comforted, and we took care of the Medical Personnel.

You will judge for yourselves, how different is the mentality of the two nations, this one of our enemy, and ours, during these tragic circumstances.

Now my dear comrades, with all my heart, I drink a toast first of all to President Wilson, this great Chief of State, this noble minded man, this representative of Democracy and of justice, then to the American doctors of the Place de Dijon, to the whole American Medical service, and to the army of the noble American Republic, whose future exploits on our side, we salute until we have the final vistory.

(Translated by M. le Docteur Menier-Hopital 99, Dijon, for Dr. Angus McLean, Base Hospital 17.)

Flint's campaign for the cleaning up of diseases due to the social evil is accomplishing a great deal of good. Thirty-five persons affected with venereal diseases have been sent from Flint to hospitals in Detroit, Battle Creek and Jackson for treatment since the campaign begun. The largest percentage of these are women who have been running the streets, a menace to public health, although there have been a number of men sent away also. About 50 per cent. of suspected cases have proven on examination to be suffering from syphilis or other venereal diseases, according to tests made by the city bacteriologist employed by the Board of Health. Though the campaign for examination of persons employed in handling food and dishes in eating houses recently begun by Dairy and Food Inspector Edward J. Friar at the suggestion of the state food commission, results are showing that it has been a good move for the protection of public health. A number of persons afflicted with communicable diseases have been barred from further employment in restaurants because of being afflicted.

A proposal from the Detroit College of Medicine that its institution be taken over and managed by the local board of education was accepted by the board at its weekly meeting. The board voted to include in its supplemental estimates for the coming year the sum of $30,000 for the college. By the action of the board of education the Medical college would become a municipal institution.

If your dues are unpaid when you receive this *Journal* you are now in suspension. Only prompt payment within the next ten days to your County Secretary can accomplish your re-instatement.

Please write for your Battle Creek hotel reservations early.

We hope to publish a complete list of our members in active service in our May issue.

It is reported that Dr. H. E. Randall of Flint, now Overseas with Unit 36 was privileged to operate upon the first wounded in action soldier of the American Expeditionary Force.

Dr. Alfred LaBine of Calumet has recovered from his recent operation for appendicitis.

May we have your personal contributions to this News Column?

The city of Grand Rapids has authorized the employment of a full time Director of Tuberculosis.

COUNTY SOCIETY NEWS

It is the Editor's desire to have this department of the Journal contain the report of every meeting that is held by a Local Society. County Secretaries are urged to send in these reports promptly

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INGHAM COUNTY.

A regular meeting of the Ingham County Medical Society was held in the Chamber of Commerce, Lansing, February 26th, 1918.

A special committee for an investigation of medical protective insurance and analysis of policies of the Fort Wayne Company and the Aetna Company under its group plan made its report that in their opinion, as advised by their attorneys, the Fort Wayne policy is the preferable.

Following is the program:

"Hernia in Early Life"
William D. Lyon, Jackson.

Discussants—O. H. Bruegel and G. F. Bauch.

Case Report, "An Interesting Eye Condition."
A. E. Owen, Lansing.

Case Report, "Syphilis Observed for Four Years."
F. J. Drolett, Lansing.

Doctor Lyon's instructive discourse on hernia in infants included all types and appealed to the interest of surgeon and physician. He takes the belief that all hernias are potentially congenital, that is, no hernia can occur without a congenital defect. Treatment consists of: 1. Palliative, with apparatus; 2. Curative or radical, i. e., surgical. He urges radical treatment for all hernias after the second year and probably after the first. The hernia of the first year may be cured by keeping the sac empty with the hope of its occluding. He makes a forceful plea that all hernias should be operated before the child enters school for at no period is there time so valueless. For palliative treatment he uses a pad of cotton so covered with adhesive that it is water proof and he holds it in place with adhesive strips which meet in the back so that the tug comes on the adhesive and not the skin.

Doctor Owen reported an interesting extra ocular paralysis with gradual onset and doubtful etiology.

Doctor Drolett reported a family in which there were two sudden deaths of children and syphilis was proven in the mother during her third pregnancy. Under rigid treatment, her third child was born at full term and is apparently healthy on a goat's milk diet. Recent Wassermanns on mother and child were negative.

There were two patients for demonstration by Doctor Lyon and twenty-two were in attendance.

EARL I. CARR, Secretary.

JACKSON COUNTY.

Following is the list of officers, as elected by the Jackson County Medical Society, for 1918:

President—Dr. F. L. Rose.
Vice-President—Dr. G. R. Pray.
Secretary—Dr. C. S. Clarke.
Treasurer—Dr. John Smith.

CORWIN S. CLARKE, Secretary.

KENT COUNTY

Annual meeting of the Kent County Medical Society was called to order by President F. J. Lee., January 9, 1918.

1. Report of the Secretary-Treasurer.
2. Report of all Committees.

Board of Directors report submitted by Dr. F. C. Warnshuis:

(a) Recommendation of remittance of $1.50 to the State Society for each of the members in the Service.

(b) Recommendation that a fitting tribute be paid to the oldest member of the Society, in point of service. The member referred to being Dr. Rutherford, the mode of tribute being a dinner or banquet, this to be given within a month's time.

Report accepted and favorably recommended by those present.

Delegates to the State Society, report submitted by Dr. Brook: Dr. Brook stated that owing to the fact that there had been no meeting held in 1917, he had no report to make.

Public Health and Legislation Committee: No report.

Library Committee: No report.

Entertainment Committee: No report.

Visiting Sick Committee: Dr. Wenger stated that several visits had been made. He also reported the death of one member, Dr. J. A. McPherson.

Press Censorship Committee: Dr. F. N. Smith reported interviews with the editors of the several newspapers in the city and that there had been a noticable reduction in the number of members names appearing in said papers.

Dr. Wm. DuBoise was recommended for the State Councilor for the local society.

Dr. G. L. McBride was retained as Defense League representative.

Dr. DuBoise opened discussion of the State Patriotic Fund. After some discussion, Dr. Louis Chamberlain moved that the collection of money to the Fund be discontinued and that a return of the money from the State Society be made to the Local Society. Carried.

Dr. Collins Johnston moved that a letter of remembrance be sent to the members in the Service. Dr. DuBoise moved that the Entertainment Committee arrange for a dinner to Dr. Rutherford.

Dr. Lee appointed Dr. Rozema to the Chair, then delivered his farewell address, "A Resume of the past year and advice for the future."

Election of officers for 1918:

President—R. H. Spencer.

Vice-President—John Kermer.

Secretary-Treasurer—J. S. Brotherhood.

Delegates to State Society—Old delegates retained with the selection of Dr. Slemons to replace Dr. F. C. Kinsey.

Alternate—Dr. Brayman selected to replace Dr. Shanks.

New President conducted to the Chair by Drs. Hulst and Corbus.

WASHTENAW COUNTY.

The Washtenaw County Medical Society, at its annual meeting in December, elected the following as its officers for 1918:

President—Dr. Mark Marshall, Ann Arbor.

Vice-President—Dr. Max Peet, Ann Arbor.

Secretary-Treasurer—John A. Wessinger, Ann Arbor.

JOHN A. WESSINGER, Secretary.

MANISTEE COUNTY

At a special meeting of the Manistee County Medical Society held February 18th, the following officers were elected for the ensuing year.

President—Dr. E. S. Ellis, Manistee.

Vice-President—Dr. Lee Lewis, Manistee.

Secretary—Dr. H. A. Ramsdell, Manistee.

Treasurer—Dr. H. D. Robinson, Manistee.

Delegate—Dr. James King, Manistee.

Alternate—Dr. L. S. Ramsdell, Manistee.

HOMER A. RAMSDELL, Secretary.

Book Reviews

MILITARY ORTHOPEDIC SURGERY—Medical War Manual. Prepared by the Orthopedic Council of the Surgeon General's Office. 12mo, waterproof, 272 pp. Price $1.50. Lea & Febiger, Philadelphia.

The experiences of orthopedic surgeons in the Allied Armies are the basis of this manual. It has been made thoroughly practical and concise in form. The excellent illustrations enhance its value. It is an excellent guide for all practitioners.

TEXT-BOOK OF OPHTHALMOLOGY. By Hofrat Ernst Fuchs, Professor of Ophthalmology in the University of Vienna. Translated by Alexander Duane. Published by J. B. Lippincott & Co.

To fully appreciate this book, one must be an eye specialist. A work like this is accomplished only by a life time of close application and high specialization. The opportunity to observe the great wealth of clinical material such as is available at the Vienna institutions makes the descriptive matter of the book particularly valuable. This is the fourth edition translated from the twelfth German edition. The price of the book is $7.00.

A POCKET FORMULARY. By Edwin Thornton, M.D., Assistant Professor Materia Medica, Jefferson Medical College. 11th Edition. Lea & Febiger, Philadelphia.

It is somewhat hard to comprehend the need of such a formulary in this day of positive therapeutics and direct medication. One is inclined to resent stock prescriptions and stock formulary combinations. Again if one is a true student and practitioner his pockets are loaded with other requisites with but little room for this volume.

Still its survival through eleven editions is evidence that it fills a need and has a use. To him who must be armed with such a vade mecum this work contains all that he will want and supply therapeutic information that is useful.

POST GRADUATE MEDICINE: Prevention and Treatment of Disease. August Caille, M.D. D. Appleton & Co.

The presentation here offered to practitioner and student is based on an experience of forty years in public and private practice and thirty years of post

graduate teaching and embraces all modern methods of disease management of proven therapeutic value.

It is a splendid work imparting just the information one desires and which will be found to be most helpful.

This volume will be welcomed by the man in the harness as it will serve him to solve many of the hard problems confronting and place him on the right course of modern treatment.

A TEXT-BOOK OF THE PRACTICE OF MEDICINE. By James M. Anders, M.D., Ph.D., LL.D., Professor of Medicine and Clinical Medicine, Medico-Chirurgical College Graduate School, University of Pennsylvania, Thirteenth Edition Thoroughly Revised with the Assistance of John H. Musser, Jr., M.D., Associate in Medicine, University of Pennsylvania. Octavo of 1259 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, $6.00 net; Half Morocco, $7.50 net.

A text, such as this, that has been a standard work for twenty years, and with thirteen editions to its credit requires no minute review.

It is more valuable than ever and includes additions such as are necessary to bring it abreast with modern progress and teaching. It is in every sense a modern work, complete in detail, and completely covering the field.

It will be accorded a most cordial reception for it is a most valuable text.

CLINICAL LECTURES ON INFANT FEEDING. By Lewis W. Hill, M.D., Children's Hospital, Boston, and Jesse R. Gerstley, M.D., Michael Reese Hospital, Chicago. 12mo of 377 pages illustrated. Philadelphia and London: W. B. Saunders Company. 1917. Cloth $2.75 net.

A desirable feature of this book is the introduction of case records to illustrate the principles and difficulties in infant feeding. There seems to be a more and more wide spread tendency to adopt this extremely practical method of instruction in medical text-books. Although the study and examination of various types of stools is described in a meticulous manner, the author, nevertheless, is very emphatic in advising against meddling with the diet of a thriving child merely because the stool is slightly different from the usual healthy type.

A PRACTICAL TEXT-BOOK OF INFECTION, IMMUNITY AND SPECIFIC THERAPY with special reference to immunologic technic. By John A. Kolmer, M.D., Dr. P.H., M.Sc., Assistant Professor of Experimental Pathology, University of Pennsylvania, with an introduction by Allen J. Smith, M.D., Professor of Pathology, University of Pennsylvania. Second Edition Thoroughly Revised. Octavo of 978 pages with 147 original illustrations, 46 in colors. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, $7.00 net, Half Morocco, $8.50.

From the standpoint of the practitioner, this book is a decided disappointment. The bacteriologist may find some comfort in the technical material it contains which is, indeed, excellently presented, the list of practical experiments in part 5 adding no small merit to the book. The advances of vaccine therapy of the last two years are almost entirely ignored, the subject of specific and non-specific protein reactions is only casually discussed, and the intravenous administration of pneumoncoccus and typhoid bacterins is only lightly passed over and the discussion of the negative phase is of no value at all.

TUMORS OF THE NERVOUS ACUSTICUS and the Syndrome of the Cerebellopontile Angle. By Harvey Cushing, M. D., Professor of Surgery at Harvard University. Octavo of 296 pages with 262 illustrations. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, $5.00 net.

The author's name at once commands respect and incites one's interest. As the author states the time is ripe for special studies of special tumors in special localities. This monograph does indeed present such a study and most exhaustively.

In style it is similar to his monograph on the tumors of the pituitary body. There is a wealth of clear illustrations, case histories. Most thoroughly does he discuss the pathology and symptomatology. The diagnostic features are given in detail and the treatment is imparted clearly.

It is an intensive educational effort that imparts a fund of practical information at the same time elucidating many points that were formerly beclouded and unexplained. The bibliography is in itself a compilation of exceptional worth.

An extended review is impossible. We urge and hope our readers will hasten to secure this work and acquire for themselves this mint of instructive discussion.

AMERICAN ADDRESSES ON WAR SURGERY. By Sir Berkeley Moynihan, C. B., Temporary Colonel, A.M.S., consulting Surgeon, Northern Command. 12mo of 143 pages. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, $1.75 net.

The contents of this volume comprise the following addresses delivered by the author during his visit to America during the latter part of 1917:

The Causes of the War.

Gunshot Wounds and their Treatment.

Wounds of the Knee Joint.

Injuries to the Peripheral Nerves.

Gunshot Wounds of the Lungs and Pleura.

The author requires no introduction and these masterpieces comprise a valued addition to every one's library. They sum up the present understanding of the subjects discussed and as such impart the latest conclusions from the front.

We appraise this little volume as one of the foremost recent publications and one that will be greatly in demand.

DISEASES OF THE DIGESTIVE ORGANS WITH SPECIAL REFERENCE TO THEIR DIAGNOSIS AND TREATMENT. By Charles D. Aaron, ScD., M.D., second edition. Published by Lea & Febiger, Philadelphia and New York. Price $7.00.

This book brings us fresh off the press a carefully written text-book on this very important branch of internal medicine. It is of especial interest to the

general practitioner who desires to do something for the hopeless, chronic neurasthenics who usually drift from one office to another, never truly bed-ridden and on the other hand, never in the happy buoyancy of good health and spirits. Every instrument and every method whereby diagnosis may be made more precisely and more certainly is thoroughly described. If we were to criticize at all it might be said that the book is written a little too much from the specialist view-point and that not enough is said to discriminate the true organic diseases from the functional disorders resulting from a primary disease in some other part of the organism.

The chapters on duodenal alimentation and examination of the feces are the best features of the book.

BLOOD TRANSFUSION. By Bertram Bernheim, A.B., M.D., F.A.C.G. J. B. Lippincott Co., Philadelphia and London. Price $4.00.

Blood transfusion must be given a very prominent place among the new achievements of modern surgery. Not only is it a life saving measure in many emergencies but as Bernheim points out in this book, it may be used with excellent therapeutic effect in many otherwise hopeless cases. It is important that not only the surgeon should be well posted on this subject but the general practitioner should be equally informed as to the indications for transfusion. The difficulties in always making a diagnosis of hemorrhage are well described in this book. It is interesting to note the author's unqualified indorsement of the indirect method even though he painstakingly describes the other methods. The question of incompatibilities comes in for a thorough discussion.

THE SPLEEN AND ANEMIA. By Richard Mills Bearce, M.D., ScD.; Edw. Bell Krumbhaar, M.D.; Ph.D., and Chas. Harrison Frazier, M.D., ScD. J. B. Lippincott Co., Philadelphia and London. Price $4.00.

From the same press comes another equally good book on blood diseases. While treatment is discussed in the latter part of the book, the reader will find the book interesting chiefly because of the light it throws on the pathology of this organ. A great deal of literature has already accumulated on the apparent relation of the spleen to both primary and secondary anemias. The authors have not only reviewed this but have added to it a report of the extensive investigations that they have carried out on the subject.

LOCOMOTOR ATAXIA. By Wm. J. M. A. Maloney, M.D. Edin., Fellow of the Royal Society of Edinburgh; Fellow of the New York Academy of Medicine; Fellow of the New York Neurological Society; Neurologist to The Central and Neurological Hospital; formerly Professor of Neurology, Fordham University, New York City. Published by D. Appleton & Co.

The striking feature of this book is the pleasing and scholarly style in which it is written, a quality so frequently lacking in medical literature. Not only is it a clever presentation for the practitioner and student of this ubiquitous disease but we dare say that the neurologist, as well, will find the author's original ideas, such as his orthopedic appliances for the feet, valuable. The work is illustrated by several new and original drawings and photographs together with selected ones from other authors.

ESSENTIALS OF PRESCRIPTION WRITING. By Cary Eggleston, M.D. Instructor in Pharmacology, Cornell University Medical College, New York City. Second Edition. Reset. 32mo of 134 pages, Philadelphia and London: W. B. Saunders Company, 1917. Cloth, $1.25 net.

The student will find this a handy reference that can be conveniently carried in the pocket. Few things reflect more discredit on a physician's scholariness than a poorly written, ungrammatical prescription. A perusal of this book leaves nothing to be desired for the attainment of all the points necessary for the writing of a proper prescription.

Miscellany

A SAFE ANTISEPTIC.

In view of the numerous reports of death and disaster following the use of bichloride of mercury and carbolic acid, it is a good thing to know that there is now available a germicidal agent which is even more efficient than these dangerous antiseptics, and which is safe. The medical profession owes much to the genius of Dr. H. D. Dakin, who has recently brought to its attention the great value of the chlorine-carrying compounds.

The most convenient of the antiseptics which he has introduced is para-toluene-sodium-sulphochloramide, best known in this country under the name of "Chlorazene." In Dakin and Dunham's "Handbook of Antiseptics," we learn that this antiseptic is more powerful, when tested on blood-serum-muscle-extract cultures of the staphylococcus aureus, than mercuric chloride, silver nitrate, argyrol, zinc chloride, hydrogen peroxide, phenol, and other common antiseptics. In fact, a 2 per cent. solution of this antiseptic will accomplish in five minutes what it requires twenty-four hours to accomplish with a 1-1000 solution of mercuric chloride.

The most gratifying fact of all is that the Chlorazene is safe. There is little or no danger of poisoning. Some of the uses of Chlorazene are as follows:

As a gargle or spray, in all forms of sore throat, and as a therapeutic and prophylactic agent in

diphtheria, meningitis, measles, scarlet fever, tonsillitis, etc.

In skin diseases. Eczema, acne, carbuncles, boils, paronychia, felons, and other common skin infections.

In wounds. Chlorazene may be used as a wash to infected areas, as an irrigant, on compresses, as a dusting powder (Chlorazene Surgical Powder), and as a paste (Chlorazene Surgical Cream).

In genitourinary diseases. As an application to venereal sores (chancre and chancroid), as an injection in the treatment of gonorrheal urethritis and gonorrheal vaginitis.

In obstetrics. Following delivery and to clean out the uterus in cases of sepsis. As a cleansing agent and deodorant in practically all diseases of women.

In cancer and malignant sores as a deodorant and germicide.

Samples of Chlorazene will be sent without charge to any physician, dentist, veterinarian or druggist in any part of the country applying to the home office of The Abbott Laboratories, Chicago. Complete literature of Chlorazene, Dichloramine-T, Chlorcosane, and other Dakin preparations, will be included.

In the *British Medical Journal*, October 20th, 1917, Dr. Carver, M.R.C.P., London, emphasizes the necessity of specifying a reliable brand of Thyroids and Thyroid Tablets. He called attention to the way in which some manufacturers label their preparations.

If the doctor will demand Armour's he will know that his patient gets a specific quantity of Thyroid tissues because we standardize our Desiccated Thyroids and Thyroid Tablets.

Each Thyroid Tablet (Armour) contains a certain quantity of standardized Thyroids and that amount of Thyroids represents five times as much fresh thyroid gland.

Whenever a preparation of any of the endocrine glands is required, the physician should specify Armour's and see that his patient gets Armour's.

The doctor prescribes a preparation for a certain purpose and he can expect results only from first class products.

Campho-Phenique.—The Secretary of the Harvard University Medical School received, from the Campho-Phenique Company of St. Louis, a letter stating that the concern wishes to supply the senior students of all medical colleges with samples of Campho-Phenique and Campho-Phenique powder, and ointment and asking the number of students and the name of every student in the graduating class. The Campho-Phenique concern believes in following the old advice, "Catching them young." In 1907, the Council on Pharmacy and Chemistry reported that Campho-Phenique (liquid) was exploited under a false "formula," that it was a solution of camphor and phenol in liquid petrolatum, and that for all practical purposes Campho-Phenique Powder was essentially a camphorated talcum powder containing apparently sufficient phenol and camphor to give the powder an odor. The report of the Council further brought out that the Campho-Phenique Company was in effect one of the numerous trade names adopted by one James F. Ballard. Mr. Ballard seems to market a number of "patent medicines," for some of which Dr. Ballard has pleaded guilty in the federal courts to making false and fraudulent claims. (*Jour. A.M.A.*, Feb. 9, 1918, p. 408).

Sodium Bicarbonate.—Few patients wil object to the taste of sodium bicarbonate if the required dose is administered dissolved in a convenient quantity of cold water. The taste may be disguised by dissolving the sodium bicarbonate in carbonated water or else by adding a little sugar and lemon juice to ordinary water. Sodium bicarbonate may also be prescribed in the form of tablets. Though it is better that these be allowed to dissolve in the mouth, in most cases they are swallowed without discomfort. (*Jour. A.M.A.*, Feb. 9, 1918, p. 410).

Acetylsalicylic Acid and Phenyl Salicylate Incompatible with Alkalies.—In the presence of moisture, acetylsalicylic acid is decomposed by magnesium oxide (calcined magnesia), as is also phenyl salicylate (salol). Hence these drugs should not be combined with magnesium oxide in a prescription. (*Jour. A.M.A.*, Feb. 9, 1918, p. 410).

Arsphenamine.—No, this is not a new chemical; it is simply the name adopted by the Federal Trade Commission for the Hydro-chloride of 3-diamino-4-dihydroxy-1-arsenobenzene—in other words, salvarsan. The three firms which have been licensed to manufacture this drug are permitted to have their own trade names for it, but the official name "arsphenamine" must be the prominent one on the label of all brands. Hence physicians should at once make it a point to learn and use the name "arsphenamine." (*Jour. A.M.A.*, Jan. 19, 1918, p. 167).

Pyxol.—This is a proprietary preparation somewhat similar to the compound solution of cresol of the U. S. Pharmacopeia. In 1915 Pyxol was declared misbranded under the Insecticide Act. (*Jour. A.M.A.*, Feb. 23, 1918, p. 559).